

ACUPUNCTURE BOARD

ACUPUNCTURE PRACTICE



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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Acupuncture Board asked the Department of Consumer Affairs' Office of Examination Resources (OER) to conduct a validation study to identify the critical job activities performed by licensed acupuncturists in California. The purpose of the occupational analysis is to define practice in terms of the actual tasks that acupuncturists must be able to perform at the time of licensure. The results of the occupational analysis provide a description of current acupuncture practice in California and serve as the basis of the examination program for acupuncture licensure.

CONTENT VALIDATION STRATEGY

OER staff used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by acupuncturists. The technical expertise of acupuncturists was used throughout the occupational analysis process to ensure that the identified task and knowledge statements directly reflected those required for job performance.

UTILIZATION OF EXPERTS

Practicing acupuncturists were selected to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These acupuncturists were selected from a broad range of practice settings, geographical locations, and experience backgrounds. The SMEs provided information regarding the different aspects of acupuncture practice during the development phase of the occupational analysis and participated in panel meetings to review the content of task and knowledge statements for technical accuracy prior to distribution of the occupational analysis questionnaire. A number of recently licensed acupuncturists were included in the interviews and panel meetings to help ensure that the results of the occupational analysis reflect entry-level practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

A number of federal and state statutes and guidelines, as well as case law set the standards for the licensure, certification, and registration programs in California. These include the federal *Uniform Guidelines on Employee Selection Procedures* (1978), the Civil Rights Act of 1991, and Section 12944 of the California Fair Employment and Housing Act. For a licensing program to meet the standards, it must be based solidly upon the activities acupuncturists perform in practice.

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CHAPTER 2. SURVEY QUESTIONNAIRE

INTERVIEWS

Semistructured onsite and telephone interviews were conducted with California-licensed acupuncturists who represented a variety of specialty areas. These acupuncturists were asked to identify the primary content, or duty, areas that constitute their job. They were also asked to identify the specific tasks that are involved in the performance of their job and the knowledge required to perform those tasks in a safe and competent manner.

TASK AND KNOWLEDGE STATEMENTS

OER staff transcribed the information gathered during the interviews into job task and knowledge statements. The statements were then organized into the different content areas of practice.

The lists of task and knowledge statements were reviewed by two separate panels of acupuncturists who evaluated the statements for technical and conceptual accuracy and for comprehensiveness. The panels also determined that the task and knowledge statements were placed in the appropriate content area and that the content areas were independent of one another. The panelists reviewed the lists of statements and developed additional task and knowledge statements to more completely reflect the responsibilities of each content area.

The resulting lists of task and knowledge statements were integrated into a questionnaire. The questionnaire used relative rating scales to gather information regarding the tasks performed and knowledge used in actual practice.

QUESTIONNAIRE DISTRIBUTION

In an effort to increase the response rate obtained in this study, all practitioners who had been licensed twenty years or less were invited to come to one of 18 on-site panels held at various locations throughout California to complete the questionnaire. Letters of invitation were sent to these practitioners providing the dates, locations, and times of panels to be held in their area. Practitioners then selected the session they wanted to attend. In return for spending the four hours necessary to complete the questionnaire, practitioners were given four hours of continuing education credits.

At the panel site, validation specialists presented instructions, in English, for completing the questionnaire and answered practitioner questions.

Chinese and Korean interpreters were present at two identified sessions to assist practitioners complete the questionnaire. The interpreters read the directions for completing the questionnaire,

answered questions, and read the questionnaire to practitioners. The practitioners then independently rated the task and knowledge statements.

RATING SCALES

Acupuncturists who completed the questionnaires were asked to rate each task statement in terms of how important it was to performance in their practice (IMPORTANCE), how often the task was performed in their current practice (FREQUENCY), and how critical effective performance of the task was to protecting the consumer/public from harm (CRITICALITY). Practitioners were also asked to rate each knowledge according to what level it was used in practice (USAGE) and how critical it was for effective performance (CRITICALITY).

The questionnaire also asked acupuncturists to provide general background information about their practice and experience.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

DISTRIBUTION AND RETURN OF QUESTIONNAIRE

Of the practitioners who completed questionnaires, 282 indicated they were currently practicing as an acupuncturist, 5 indicated they were not practicing, and 3 did not indicate whether they were currently practicing. Information from practitioners who did not indicate they were currently working as a licensed acupuncturist in California was excluded from further analyses.

The balance of the analyses for this study were based on 282 completed questionnaires. The number of responses that were included in the analyses was sufficient to assume that the results are representative of the profession using a 95% confidence level. The cover letter and questionnaire that were distributed to practitioners are presented in Appendices A and B, respectively.

RESPONDENT DEMOGRAPHICS

Of those respondents included in the analyses, 74.8% indicated they were the sole owner/practitioner working in their practice setting, 8.5% reported they worked in a partnership, and 16.7% indicated they worked for an acupuncture corporation. Fifty-two percent of the respondents represented new licensees (licensed as an acupuncturist in California for five years or less), while 47.9% had been licensed more than six years. The majority of respondents (87.6%) indicated they practiced in an urban setting, and most of the practitioners (54.6%) practiced acupuncture full-time. Most of the respondents (65.2%) indicated they were a general practitioner, while 14.9% of respondents indicated pain management was the primary focus of their practice.

Of the practitioners who responded in this study, 56.7% indicated English was their primary spoken language, 18.4% indicated Chinese was their primary spoken language, and 19.9% indicated Korean was their primary spoken language. Overall, 83.3% of respondents indicated they spoke English fluently and 75.9% of the respondents indicated that the primary language spoken by their patients was English. Additional demographic information regarding the respondents can be found in Tables 1 through 10. (Note: demographic items 11-16 were included on the questionnaire to gather information for an ancillary study the board is conducting. Because these questions were not related to the purpose of this validation study, the results of these questions are not presented in this report.)

Table 1. Type of Business

TYPE OF BUSINESS	NUMBER	PERCENT
Sole Owner	210	74.5
Partnership	24	8.5
Corporation	47	16.7
No response	1	.4
TOTAL	282	100.0

Table 2. Hours Worked per Week

HOURS WORKED	NUMBER	PERCENT
Less than 10 hours	31	11.0
11 to 20 hours	45	16.0
21 to 30 hours	50	17.7
31 to 40 hours	86	30.7
More than 40 hours	68	24.1
No response	2	.7
TOTAL	282	100.0

Table 3. Years Licensed as an Acupuncturist in California

YEARS LICENSED	NUMBER	PERCENT
Less than 1 year	22	7.8
1 to 5 years	125	43.4
6 to 10 years	56	20.0
11 to 15 years	51	18.3
16 to 20 years	22	8.6
More than 20 years	4	1.4
TOTAL	282	100.0

Table 4. Work Location

LOCATION	NUMBER	PERCENT
Urban	247	87.6
Rural	34	12.1
No response	1	.4
TOTAL	282	100.0

Table 5. Primary Focus of Practice

FOCUS OF PRACTICE	NUMBER	PERCENT
General Practice	184	65.2
Pain Management	42	14.9
Substance Abuse Rehabilitation	2	.7
HIV/AIDS	1	.4
Hepatitis	1	.4
Paralysis	2	.7
Other	5	1.8
No response	45	16.0
TOTAL	282	100.0

Table 6. Primary Spoken Language

PRIMARY LANGUAGE	NUMBER	PERCENT
English	160	56.7
Chinese	52	18.4
Korean	56	19.9
Other	12	4.3
No response	2	.7
TOTAL	282	100.0

Table 7. Languages Spoken Fluently

LANGUAGES SPOKEN	NUMBER	PERCENT
English	235	83.3
Chinese	66	23.4
Korean	60	21.3
Other	54	19.1
TOTAL	415	100.0

Note: Respondents selected all that apply.

Table 8. Primary Language of Patients

PRIMARY LANGUAGE OF PATIENTS	NUMBER	PERCENT
English	214	75.9
Chinese	18	6.4
Korean	30	10.6
Other	6	2.1
No response	14	5.0
TOTAL	282	100.0

Table 9. School at Which Acupuncture Program was Completed

SCHOOL	NUMBER	PERCENT
Academy of Chinese Culture and Health Sciences	23	8.2
American College of TCM	25	8.9
Bastyr University	2	.7
China International Medical University	2	.7
Dongguk-Royal University	18	6.4
Emperor College of Oriental Medicine	37	13.1
Five Branches	9	3.2
Keimyung Baylo University	50	17.7
Kyung San University	4	1.4
Meiji College of Oriental Medicine	4	1.4
Pacific College of Oriental Medicine	9	3.2
Samra University of Oriental Medicine	30	10.6
Santa Barbara College of Oriental Medicine	4	1.4
Southwest Acupuncture College	1	.4
Traditional Acupuncture Institute	3	1.1
Yo San University	5	1.8
Other	47	16.7
No response	9	3.2
TOTAL	282	100.0

Table 10. County of Primary Practice

COUNTY	NUMBER	PERCENT
Alameda	16	05.7
Alpine	0	00.0
Amador	0	00.0
Butte	0	00.0
Calaveras	0	00.0
Colusa	0	00.0
Contra Costa	7	02.5
Del Norte	0	00.0
El Dorado	2	00.7
Fresno	0	00.0
Glenn	1	00.4
Humboldt	0	00.0
Imperial	0	00.0
Inyo	0	00.0
Kern	0	00.0
Kings	0	00.0
Lake	0	00.0
Lassen	0	00.0
Los Angeles	109	38.7
Madera	0	00.0
Marin	5	01.8
Mariposa	0	00.0
Mendocino	1	00.4
Merced	0	00.0
Modoc	0	00.0
Mono	0	00.0
Monterey	3	01.1
Napa	1	00.4
Nevada	1	00.4
Orange	39	13.8

COUNTY	NUMBER	PERCENT
Placer	0	00.0
Plumas	0	00.0
Riverside	3	01.1
Sacramento	4	01.4
San Benito	0	00.0
San Bernardino	1	00.4
San Diego	12	04.3
San Francisco	30	10.6
San Joaquin	2	00.7
San Luis Obispo	1	00.4
San Mateo	3	01.1
Santa Barbara	3	01.1
Santa Clara	9	03.2
Santa Cruz	8	02.8
Shasta	0	00.0
Sierra	0	00.0
Siskiyou	0	00.0
Solano	2	00.7
Sonoma	2	00.7
Stanislaus	0	00.0
Sutter	0	00.0
Tehama	0	00.0
Trinity	0	00.0
Tulare	0	00.0
Tuolumne	1	00.4
Ventura	1	00.4
Yolo	1	00.4
Yuba	0	00.0
No response	14	5.0
Total	282	100.0

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CHAPTER 4. DATA ANALYSIS AND RESULTS

TASK CRITICALITY INDICES

To identify the tasks critical to practice, importance, frequency, and criticality ratings were combined into a composite value for each task statement. This composite value was determined by first multiplying the importance (I), frequency (F), and criticality (C) ratings from each respondent for each task statement. These values were then aggregated across all respondents. The resulting value provided the criticality index (CI) for each task statement. The task statements and their associated CIs are presented in Appendix C. The average importance, frequency, and criticality ratings for each task statement are also presented in Appendix C.

$$\text{Task criticality index} = \text{Mean} (I \times F \times C)$$

KNOWLEDGE CRITICALITY INDICES

To identify the knowledge base crucial to practice, a criticality index was also calculated for each knowledge statement. The knowledge criticality indices were calculated by multiplying the usage (U) and criticality (C) ratings from each respondent for each knowledge statement. These values were then aggregated across all respondents. The resulting value provided the criticality index (CI) for each knowledge statement. The knowledge statements and their associated CIs are presented in Appendix D. The average usage and criticality ratings for each knowledge statement are also presented in Appendix D.

$$\text{Knowledge criticality index} = \text{Mean} (U \times C)$$

RELIABILITY OF RATINGS

Ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α). Coefficient alpha reflects the consistency of respondents' judgments as applied to the task and knowledge statements in the questionnaire.

Tables 11 and 12 list the reliability coefficients in each content area as well as the overall reliability coefficients for all task and knowledge ratings. Overall, the reliability coefficients were highly significant ($p < .01$). That is, respondents rated the task and knowledge statements consistently throughout the questionnaire.

Table 11. Reliability Coefficients for Task Statements

Content Area	N _{tasks}	α Importance	α Frequency	α Criticality
I. Patient Assessment	54	.94	.95	.96
II. Developing a Diagnostic Impression	28	.92	.91	.95
III. Providing Acupuncture Treatment	54	.95	.94	.97
IV. Prescribing Herbal Medicinals	15	.94	.95	.94
V. Regulations for Public Health and Safety	12	.80	.72	.88
OVERALL	163	.98	.98	.99

Table 12. Reliability Coefficients for Knowledge Statements

Content Area	N _{Knowledge}	α Usage	α Criticality
I. Patient Assessment	92	.97	.98
II. Developing a Diagnostic Impression	51	.95	.96
III. Providing Acupuncture Treatment	82	.96	.98
IV. Prescribing Herbal Medicinals	27	.96	.97
V. Regulations for Public Health and Safety	17	.75	.95
OVERALL	269	.99	.99

DIFFERENCES IN RATINGS

To determine whether there were significant differences in the tasks performed by entry-level practitioners and practitioners who have been licensed for a longer period of time, an analysis was conducted that compared the ratings of each group. Entry-level was defined as practitioners licensed five years or less, and their responses were compared with those of practitioners licensed six years and longer. Results indicated no difference between the criticality indices of individual statements for the two groups. Consequently, the criticality indices of the two groups were combined and used for further analyses.

In addition, to determine whether there were differences in the task and knowledge ratings provided by practitioners in the different language groups, an analysis was conducted that compared the ratings of each group. Results indicated no difference between the criticality indices of individual statements for the two groups.

CHAPTER 5. DESCRIPTION OF PRACTICE

IDENTIFYING CRITICAL TASKS AND KNOWLEDGE

A panel of licensed acupuncturists was convened to review the criticality indices of all task and knowledge statements. The purpose of the panel was to determine the criticality cutoff values that represented the point above which tasks and knowledge were critical to practice. Task and knowledge statements with criticality indices above these values were retained to form the description of acupuncture practice; those below these values were excluded.

The panel evaluated the criticality indices for all task statements relative to one another to identify those that were essential for practice. Based on this evaluation it was determined that the criticality index cutoff for task statements was 7.33. The panel confirmed that those task statements with criticality indices above this value were important to acupuncture practice and those below this value were not significant for practice. Thirteen tasks that appeared on the questionnaire had criticality indices less than 7.33 and were eliminated.

The task statements with criticality indices below 7.33 are indicated in Appendix C with the phrase *Below Cutoff Value*.

The same panel also evaluated and determined a criticality cutoff value to identify the knowledge critical to practice. The panel evaluated all knowledge criticality indices relative to one another and established a cutoff value of 2.85. Panel participants reviewed all knowledge criticality indices and agreed that those with a value above 2.85 were important for acupuncture practice and those below this value were not important to practice. Eighteen knowledge statements that appeared on the questionnaire had criticality indices less than 2.85 and were eliminated.

The knowledge statements with a criticality index below 2.85 are indicated in Appendix D by the phrase *Below Cutoff Value*.

LINKING TASK AND KNOWLEDGE STATEMENTS

The final task of the panel was to link the remaining knowledge statements to their associated task statements. The panelists linked knowledge statements to specific tasks within each content area to ensure that every task had an associated knowledge and every knowledge statement was associated with a task. In many cases, within each content area the panelists linked individual knowledge statements to more than one task statement. Similarly, often task statements within a content area were linked to more than one knowledge statement.

CONTENT AREAS OF PRACTICE

Task and knowledge statements that were retained by the panel were grouped into formal content areas of practice. The final content areas that define acupuncture practice include:

- Patient Assessment
- Developing a Diagnostic Impression
- Providing Acupuncture Treatment
- Prescribing Herbal Medicinals
- Regulations for Public Health and Safety

The formal content areas of practice and the associated task and knowledge statements are in Table 13. These areas, with their associated weights, will serve as the examination outline for the California Acupuncture Licensing Examination.

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (25.0%)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Obtaining Patient History (12.0%)	<p>T1. Assess patient's presenting complaints by obtaining information regarding symptoms to determine focus of examination.</p> <p>T2. Assess general medical status by interviewing patient regarding health history to determine effect on presenting complaint.</p> <p>T3. Identify impact of emotional factors by evaluating significant events in patient's life to determine contribution to symptom development.</p> <p>T4. Identify sleep patterns to determine the cause and effect on pattern development.</p> <p>T5. Gather information regarding environmental influences by asking questions regarding exposures to determine impact on pattern development.</p> <p>T6. Gather information regarding diet by evaluating nutritional habits to determine contribution to pattern development.</p> <p>T7. Gather information regarding lifestyle to determine contribution to symptom development.</p> <p>T8. Evaluate digestion by identifying gastrointestinal responses to determine Middle Jiao function.</p> <p>T9. Evaluate level of appetite by determining patient's preferences for food to determine nature of condition.</p> <p>T10. Identify eating patterns to determine impact on digestive functioning.</p> <p>T12. Evaluate preferences for or aversions to flavors or temperatures to determine nature of imbalance.</p>	<p>K1. Knowledge of the categories of common chief complaints.</p> <p>K2. Knowledge of the effect of medical history on current health status.</p> <p>K3. Knowledge of the impact of genetics and heredity on symptom development.</p> <p>K4. Knowledge of the clinical indications of pathology resulting from emotions.</p> <p>K5. Knowledge of the patterns of sleep associated with pathology.</p> <p>K6. Knowledge of exogenous factors that lead to pathology.</p> <p>K7. Knowledge of the impact of improper diet on the development of pathology.</p> <p>K8. Knowledge of methods for dietary evaluation.</p> <p>K9. Knowledge of the effects of overstrain and stress on the development of pathological conditions.</p> <p>K10. Knowledge of methods for assessing areas of the epigastrium and abdomen.</p> <p>K11. Knowledge of clinical indications of pathology in the Middle Jiao.</p> <p>K12. Knowledge of characteristics of appetite associated with pathology.</p> <p>K13. Knowledge of the relationship between eating patterns and digestive disharmony.</p> <p>K14. Knowledge of the association between tastes in the mouth and pathology.</p> <p>K15. Knowledge of the association between flavors, temperatures, and imbalances.</p> <p>K16. Knowledge of the association between characteristics of thirst and patterns of disharmony.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (CONTINUED)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Obtaining Patient History (Continued)	<p>T13. Evaluate thirst by determining patient's preferences for liquids to determine nature of condition.</p> <p>T14. Evaluate gynecological history to determine imbalances.</p> <p>T15. Evaluate urogenital history to determine imbalances.</p> <p>T16. Evaluate urine characteristics to determine nature of imbalance.</p> <p>T17. Evaluate bowel function to determine nature of imbalance.</p> <p>T18. Evaluate for the presence of fever or chills to determine nature of disharmony.</p> <p>T19. Evaluate patterns of perspiration to determine nature of disharmony.</p> <p>T20. Evaluate eye function by asking questions regarding ocular changes.</p> <p>T21. Evaluate auditory functioning by asking questions regarding changes in acuity.</p> <p>T22. Evaluate nature of pain to determine etiology and pathology.</p>	<p>K17. Knowledge of the clinical manifestations of pathology associated with menstruation characteristics.</p> <p>K18. Knowledge of the association between characteristics of pregnancy and childbirth and symptom development.</p> <p>K19. Knowledge of pre- and postmenopausal symptomatology.</p> <p>K20. Knowledge of the anatomy, physiology, and function of the urinary system.</p> <p>K21. Knowledge of symptoms of urogenital pathology.</p> <p>K22. Knowledge of urine characteristics indicative of pathology.</p> <p>K23. Knowledge of stool characteristics associated with imbalance.</p> <p>K24. Knowledge of pathologies associated with patterns of bowel elimination.</p> <p>K25. Knowledge of the association between fever and/or chills and pathogenic influences.</p> <p>K26. Knowledge of patterns of perspiration associated with interior and exterior patterns.</p> <p>K28. Knowledge of ocular symptomatology and pathology.</p> <p>K30. Knowledge of auricular symptomatology and pathology.</p> <p>K31. Knowledge of clinical manifestations of pain resulting from pathological influences.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (CONTINUED)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Performing a Physical Examination (9.0%)	<p>T23. Evaluate level of energy by observing patient's demeanor to determine quality of Qi.</p> <p>T24. Observe the face and eyes to determine the outward manifestation of the Shen.</p> <p>T25. Observe face for distinguishing characteristics to aid in pattern discrimination.</p> <p>T26. Evaluate constitution by observing physical characteristics to determine Five Element associations.</p> <p>T27. Evaluate voice by listening for tonal qualities and strength to determine nature of disharmony.</p> <p>T29. Assess phlegm characteristics to identify nature of pathogenic influence.</p> <p>T30. Evaluate pulmonary efficiency by assessing respiration to differentiate between patterns.</p> <p>T31. Identify condition of the cutaneous region by examining skin to determine evidence of obstruction or injury.</p> <p>T32. Identify dermatological condition by examining skin to determine evidence of obstruction or injury.</p> <p>T33. Perform range of motion examination to identify areas of restricted movement.</p> <p>T34. Palpate joints to assess functional integrity.</p> <p>T35. Perform orthopedic assessment by evaluating neuromuscular skeletal systems to identify pathology.</p> <p>T36. Evaluate tongue coating by examining qualities to identify abnormalities in functioning.</p>	<p>K32. Knowledge of the anatomical movement of Qi in promoting vitality.</p> <p>K33. Knowledge of the origins of Shen.</p> <p>K34. Knowledge of the clinical manifestations of impaired Shen.</p> <p>K35. Knowledge of the association between the appearance of the face and imbalances.</p> <p>K36. Knowledge of the properties associated with the Five Elements.</p> <p>K37. Knowledge of the laws of movement that govern the Five Elements.</p> <p>K38. Knowledge of the interrelationship between the Organs and the Five Elements.</p> <p>K39. Knowledge of the nature of relationships among the Five Elements that lead to pathology.</p> <p>K40. Knowledge of the relationship between voice characteristics and patterns of disharmony.</p> <p>K42. Knowledge of the association between clinical manifestations of phlegm and the area of body affected.</p> <p>K43. Knowledge of the clinical indications of impaired pulmonary function.</p> <p>K44. Knowledge of cutaneous symptomatology that indicate channel pathology.</p> <p>K45. Knowledge of the association between characteristics of the skin and pathological conditions.</p> <p>K46. Knowledge of the anatomy and physiology of the musculoskeletal system.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (CONTINUED)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Performing a Physical Examination (Continued)	<p>T37. Analyze variations in tongue body to determine systemic disharmonies.</p> <p>T38. Assess radial pulse qualities by palpation to determine disharmony.</p> <p>T39. Palpate areas of tenderness to determine the quality and nature of patient's pain.</p>	<p>K47. Knowledge of methods of assessing musculoskeletal function and integrity.</p> <p>K48. Knowledge of the mechanisms of disease associated with the musculoskeletal system.</p> <p>K49. Knowledge of methods for assessing the baseline and changes in the integrity of joint movements.</p> <p>K50. Knowledge of pathogenic factors that affect the synovial membrane and articular cartilage.</p> <p>K51. Knowledge of the effect of inflammation, degeneration, or articular disruption on the degree of joint mobility.</p> <p>K52. Knowledge of the role of the central nervous system in regulating voluntary movements.</p> <p>K53. Knowledge of clinical indications of neuromuscular system dysfunction.</p> <p>K54. Knowledge of acquired or congenital conditions that impairs body alignment or mobility.</p> <p>K55. Knowledge of the relationship between changes in the tongue coating and pathological changes in the body.</p> <p>K56. Knowledge of tongue topography correspondence with internal Organs.</p> <p>K57. Knowledge of methods of detecting pathological conditions associated with variations of tongue body.</p> <p>K58. Knowledge of the areas and levels for obtaining pulse information.</p> <p>K59. Knowledge of the association between pulse characteristics and pathology.</p> <p>K60. Knowledge of methods for integrating tongue and pulse characteristics to discern diagnostic information.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (CONTINUED)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Performing a Physical Examination (Continued)		K61. Knowledge of methods for discerning patterns based on nature and quality of pain. K62. Knowledge of the interconnection of Organs and tissues. K64. Knowledge of the relationship between areas of the ear and corresponding body structures and systems.
Evaluating for Western Pharmacology (2.0%)	T44. Identify types of Western medications patient is taking to determine impact of pharmaceuticals on condition. T45. Identify actions of Western pharmacological agents to determine systems involved. T46. Identify effects and side effects of Western medications to determine need to refer for reevaluation.	K68. Knowledge of Western medication nomenclature. K69. Knowledge of the classification of commonly prescribed Western medications. K70. Knowledge of the pharmacological effect of commonly prescribed Western medications. K71. Knowledge of the mechanisms of actions of commonly prescribed Western medications. K72. Knowledge of the potential for idiosyncratic or allergic reactions to medications. K73. Knowledge of common and uncommon side effects of commonly-prescribed medications.

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Patient Assessment (CONTINUED)		
<i>The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.</i>		
Subarea	Task Statements	Knowledge Statements
Implementing Diagnostic Testing (2.0%)	<p>T47. Evaluate results of laboratory panels by reviewing ranges of values.</p> <p>T48. Evaluate results of radiographic imaging tests by reading report to identify suspected pathology.</p> <p>T50. Measure vital signs to identify baseline values and pathologies.</p> <p>T51. Perform auscultation to identify cardiopulmonary or abdominal pathologies.</p> <p>T52. Perform abdominal palpation to identify organ pathology.</p> <p>T53. Perform neurological examination by evaluating reflexes and cutaneous sensation to identify pathology.</p>	<p>K74. Knowledge of laboratory panels used for diagnostic purposes.</p> <p>K75. Knowledge of the clinical significance of laboratory test results in detecting pathology.</p> <p>K77. Knowledge of the clinical significance of X-ray, ultrasound, or computed tomography (CT) results in detecting organ or tissue pathology.</p> <p>K80. Knowledge of vital sign values consistent with identified normal and abnormal ranges.</p> <p>K81. Knowledge of clinical manifestations of vital sign values that indicate life-threatening conditions.</p> <p>K82. Knowledge of the anatomical location and function of the cardiopulmonary system.</p> <p>K83. Knowledge of clinical indications of cardiopulmonary dysfunction.</p> <p>K84. Knowledge of the anatomical location and function of organs within the abdominal region.</p> <p>K85. Knowledge of clinical indications of gastrointestinal disturbance.</p> <p>K86. Knowledge of clinical indications of pathology associated with abnormal abdominal physiological tenderness, pressure, or pain.</p> <p>K87. Knowledge of the relationship between cerebellar function and muscular activity.</p> <p>K88. Knowledge of sensory responses to stimuli tests that indicate neurological dysfunction.</p> <p>K89. Knowledge of the effect of central nervous system damage on the alignment and mobility of the body.</p> <p>K90. Knowledge of methods for assessing reflex reactions that indicate integrity of the sensory and motor pathways.</p> <p>K91. Knowledge of the physiological pathways and functioning of the cranial nervous system.</p> <p>K92. Knowledge of the clinical indications of cranial nerve dysfunction.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Developing a Diagnostic Impression (20.0%)		
<i>The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner evaluates patterns of disharmony according to theories of Oriental medicine to arrive at a final diagnosis. The practitioner demonstrates a knowledge of how pathology in Western medicine relates to disease in traditional Oriental medicine.</i>		
Subarea	Task Statements	Knowledge Statements
Forming a Diagnostic Impression (8.0%)	<p>T55. Identify interrelationship of affected Organs by evaluating constitutional weaknesses or changes resulting from pathogenic influences.</p> <p>T56. Identify principle patterns by evaluating symptoms to determine balance of Yin and Yang.</p> <p>T57. Determine causative factors by integrating diagnostic information to identify source of underlying disease patterns.</p> <p>T58. Integrate symptoms of physiological systems to determine stage of disease progression.</p> <p>T59. Identify severity of condition by evaluating level and movement of pathogenic penetration.</p> <p>T60. Identify affected channel by evaluating diagnostic information to determine disharmony.</p> <p>T61. Differentiate between root and branch of disease by evaluating symptoms to determine focus of treatment.</p> <p>T62. Differentiate between primary and secondary conditions by prioritizing symptoms to develop treatment strategy.</p> <p>T63. Determine acute pernicious influences by evaluating for symptoms of illness to determine treatment strategy.</p> <p>T64. Integrate diagnostic findings to form clinical impressions to describe patient's current health status.</p>	<p>K93. Knowledge of the impact of the relationship between the Organs and channels in disease progression and transformation.</p> <p>K94. Knowledge of the principles of relationships, patterns, and changes of Yin and Yang aspects.</p> <p>K95. Knowledge of the relationship between Yin and Yang Organs and vital substances.</p> <p>K96. Knowledge of the internal and external causes of disease.</p> <p>K97. Knowledge of the antipathogenic and pathogenic factors associated with conditions.</p> <p>K98. Knowledge of the etiologies and manifestations associated with conditions.</p> <p>K99. Knowledge of the physiological processes associated with disease progression.</p> <p>K100. Knowledge of how disease progresses from superficial to deep levels of penetration.</p> <p>K101. Knowledge of clinical manifestations associated with disease of the channels.</p> <p>K102. Knowledge of the anatomical distribution of muscles, tendons, and ligaments with bones, joints, and internal Organs.</p> <p>K103. Knowledge of the distribution, functions, and clinical significance of the channels.</p> <p>K104. Knowledge of the connection between the etiology of diseases and clinical manifestations.</p> <p>K105. Knowledge of principles for treating root versus branch symptoms.</p> <p>K106. Knowledge of methods for prioritizing symptoms according to acuteness or seriousness.</p> <p>K107. Knowledge of the types of acute pernicious influences.</p> <p>K108. Knowledge of methods of integrating assessment information in developing a differential diagnosis.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Developing a Diagnostic Impression (Continued)		
<i>The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner evaluates patterns of disharmony according to theories of Oriental medicine to arrive at a final diagnosis. The practitioner demonstrates a knowledge of how pathology in Western medicine relates to disease in traditional Oriental medicine.</i>		
Subarea	Task Statements	Knowledge Statements
Differentiation of Syndromes (5.0%)	T65. Determine Five Element imbalances by evaluating systems of correspondences to determine impact on patient condition.	K109. Knowledge of the clinical manifestations of Element imbalance.
	T66. Determine Zang Fu diagnosis by evaluating patterns in symptomatology to identify affected Organs.	K110. Knowledge of the physiological relationship between the Zangfu Organs and the channels.
	T67. Determine Eight Principles diagnosis by evaluating symptom parameters to determine the nature and strength of disease.	K111. Knowledge of the physical functions associated with the Organs in traditional Oriental medicine.
	T68. Determine relative strength of Qi and Blood by evaluating diagnostic findings to determine the nature of the condition.	K112. Knowledge of the signs and symptoms associated with pathology of the Organs.
	T69. Determine depth of penetration of pathogen by using Four Level differentiation to develop a treatment strategy.	K113. Knowledge of methods for identifying simultaneous Organ disharmonies.
	T70. Determine depth of penetration of pathogen by using Six Stage differentiation to develop a treatment strategy.	K114. Knowledge of the signs and symptoms associated with Interior and Exterior patterns.
	T71. Determine location of pathogenic factor by evaluating patterns of disease manifestation of the San Jiao.	K115. Knowledge of methods for differentiating patterns of Hot and Cold conditions.
	T72. Determine Jing Ye diagnosis by integrating diagnostic findings.	K116. Knowledge of methods for differentiating Empty and Full patterns.
		K117. Knowledge of methods for differentiating Yin and Yang patterns of disharmony.
		K118. Knowledge of the functions associated with the forms of Qi.
		K119. Knowledge of the characteristics and functions associated with Blood.
		K120. Knowledge of the disharmonies associated with Qi and Blood.
		K121. Knowledge of patterns of disharmony associated with the Six Stages.
		K122. Knowledge of the clinical manifestations of disease at the Four Levels.
		K123. Knowledge of the clinical manifestations of disease at the San Jiao.
		K124. Knowledge of the pathogenic factors which result in disharmonies of Jing Ye.
		K125. Knowledge of the clinical indications associated with disharmonies of Jing Ye.

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Developing a Diagnostic Impression (Continued)		
<i>The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner evaluates patterns of disharmony according to theories of Oriental medicine to arrive at a final diagnosis. The practitioner demonstrates a knowledge of how pathology in Western medicine relates to disease in traditional Oriental medicine.</i>		
Subarea	Task Statements	Knowledge Statements
Biomedical Disease (4.0%)	<p>T73. Provide patient with information regarding physiological systems to explain how the body functions.</p> <p>T74. Inform patient of Oriental medical diagnosis by relating Oriental concepts to Western medicine concepts.</p> <p>T75. Evaluate symptoms to determine indications of Western conditions that require referral for treatment.</p> <p>T76. Prepare reports regarding patient condition by translating Oriental medical diagnosis into terminology common to other health care providers.</p> <p>T77. Interact with health care providers to integrate treatment.</p> <p>T78. Identify life-threatening conditions by evaluating signs and symptoms to refer for emergency medical treatment.</p>	<p>K126. Knowledge of the physiology, function, and anatomical location of organs and tissues.</p> <p>K127. Knowledge of the function of physiological systems.</p> <p>K128. Knowledge of the basic chemistry elements and compounds of the human body.</p> <p>K129. Knowledge of the composition and formed elements of blood.</p> <p>K130. Knowledge of the interrelationship between Western disease processes and traditional Oriental medicine syndromes.</p> <p>K131. Knowledge of methods for relating and differentiating disease processes in Western and Oriental medicine.</p> <p>K132. Knowledge of laws regulating practice techniques for Oriental medical science.</p> <p>K133. Knowledge of clinical indications of Western pathology.</p> <p>K134. Knowledge of Western medical terminology.</p> <p>K135. Knowledge of requirements for writing medical reports.</p> <p>K136. Knowledge of Western medical diagnostic codes.</p> <p>K137. Knowledge of medical protocol for referring patients.</p> <p>K138. Knowledge of clinical indications of emergency conditions.</p> <p>K139. Knowledge of symptoms that indicate anaphylactic shock.</p> <p>K140. Knowledge of methods for administering cardiopulmonary resuscitation.</p> <p>K141. Knowledge of methods for providing first aid treatment.</p>
Oriental Treatment Planning (3.0%)	<p>T81. Determine treatment principle by evaluating patterns of disharmony to develop treatment objectives.</p> <p>T82. Develop a treatment plan by formulating a plan of action to address therapeutic needs of the patient.</p>	<p>K142. Knowledge of methods for determining treatment principle based on patterns of disharmony.</p> <p>K143. Knowledge of effectiveness of combining treatment strategies in developing a treatment plan.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Providing Acupuncture Treatment (29.0%)		
<i>The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.</i>		
Subarea	Task Statements	Knowledge Statements
Point Selection Principles (6.0%)	<p>T83. Develop a point prescription based on treatment principles to correct imbalances.</p> <p>T84. Select distal/proximal points to address affected channels.</p> <p>T85. Select local points by evaluating clinical indication to treat condition.</p> <p>T86. Select adjacent point near the affected area to augment treatment protocol.</p> <p>T87. Select points from different channels to combine treatment of root and branch.</p> <p>T88. Select contralateral points to balance treatment prescription.</p> <p>T89. Select points above and below to balance treatment prescription.</p> <p>T90. Select front and back points to enhance treatment prescription.</p> <p>T91. Select points in the center to treat conditions occurring in the extremities.</p> <p>T92. Select points on the extremities to treat conditions occurring in the center.</p> <p>T93. Select points along the muscle channels by identifying correspondences between Ashi points and features of the muscle channel system.</p> <p>T94. Select points along corresponding channels to affect Cutaneous regions.</p>	<p>K144. Knowledge of the function and clinical indications of points.</p> <p>K145. Knowledge of the classification and nomenclature of acupuncture points.</p> <p>K146. Knowledge of the association between points and internal Organs and channels.</p> <p>K147. Knowledge of the synergistic effects of needling points according the principles of opposites.</p> <p>K148. Knowledge of methods for combining distal and proximal points in the treatment of imbalance.</p> <p>K149. Knowledge of the therapeutic effects of using local points in acupuncture treatment.</p> <p>K150. Knowledge of the therapeutic effect of using adjacent points in treatment.</p> <p>K151. Knowledge of principles for combining points from different channels.</p> <p>K152. Knowledge of the therapeutic effects of needling contralateral points.</p> <p>K153. Knowledge of methods for combining points above and below the waist to treat disease.</p> <p>K154. Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.</p> <p>K155. Knowledge of the effect of unbalanced point prescription methods for obtaining therapeutic results.</p> <p>K156. Knowledge of the effect of using points on the front and back to regulate internal Organs.</p> <p>K157. Knowledge of treatment strategies that use centrally located points which relate to the extremities.</p> <p>K158. Knowledge of treatment strategies that use points in the extremities which relate to the center.</p> <p>K159. Knowledge of the relationship between reactive Ashi points and point selection.</p> <p>K160. Knowledge of the interaction between the Cutaneous regions and the twelve regular meridians.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Providing Acupuncture Treatment (Continued)		
<i>The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.</i>		
Subarea	Task Statements	Knowledge Statements
Point Categories in Acupuncture Treatment (7.0%)	T95. Select Front-Mu (Alarm) points to address systemic imbalances of an acute nature.	K161. Knowledge of the effect of using Front-Mu points in treatment.
	T96. Select Back-Shu (Associated) points to address systemic imbalances of a chronic nature.	K162. Knowledge of the effect of using Back-Shu points in treatment.
	T97. Select coupled points by combining Front-Mu (Alarm) and Back-Shu (Associated) points to balance Yin and Yang.	K163. Knowledge of methods for combining Front-Mu and Back-Shu points to balance treatment.
	T98. Select Lower He-Sea (Uniting) points to connect channel with respective Fu Organs.	K164. Knowledge of treatment principles for using Lower He-Sea points.
	T99. Combine points from different categories to provide balanced treatment.	K165. Knowledge of techniques for combining points according to channel dynamics.
	T100. Select Five Shu (Five-Transporting) points to treat imbalances of the Five Elements.	K166. Knowledge of the efficacy of using particular points during progressive phases of treatment.
	T101. Select Confluent points of the Eight Extra Channels by evaluating symptoms to treat conditions of the miscellaneous channels.	K167. Knowledge of the channel dynamics of the Five Shu (Five Transporting) points.
	T102. Select Extra points to treat corresponding conditions.	K168. Knowledge of the effect of using Confluent points of the Eight Extra channels.
	T103. Select Intersecting/Crossing points to treat diseases manifesting in multiple channels.	K169. Knowledge of effect of using Extra points in treatment.
	T104. Select Luo-Connecting points that access Divergent channels to strengthen internally-externally related channels.	K170. Knowledge of treatment strategies for using Intersecting/Crossing points of the channel.
	T105. Select Luo-Connecting points to treat conditions associated with paired Yin and Yang channels.	K171. Knowledge of the effect of using Lou-Connecting points in treatment.
T106. Select Yuan-Source (Primary) points to access fundamental Qi for the channel.	K172. Knowledge of the relationships between the Lou-Connecting points and the Twelve Primary channels.	
T107. Select Xi-Cleft (Accumulation) points to treat acute conditions of the related channel and corresponding Organs.	K173. Knowledge of how Qi is dispersed to the Zang-Fu Organs via the Yuan-Source points.	
T108. Select the Eight Influential Points to affect related anatomical areas (tissues).	K174. Knowledge of the effect of using Yuan-Source points in providing treatment.	
T110. Select Four Seas points to affect corresponding Qi, Blood, Nourishment, and Marrow.	K175. Knowledge of treatment strategies for using Xi-Cleft points in treatment.	
T111. Select Mother/Son (Four Needle Technique) points by identifying complimentary points to address imbalances.	K176. Knowledge of the effect of using Influential points in treatment. K179. Knowledge of the effect of using Mother/Son points in treatment.	

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Providing Acupuncture Treatment (Continued)		
<i>The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.</i>		
Subarea	Task Statements	Knowledge Statements
Point Location and Needling Technique (4.0%)	<p>T112. Locate points by implementing anatomical landmarks and proportional measurements to identify area for needle insertion.</p> <p>T113. Identify length of needle retention by evaluating patient constitution and condition to determine time needed for efficacy of result.</p> <p>T114. Position patient by moving into recommended configuration to provide for proper needle insertion.</p> <p>T115. Insert needle according to standard depths to accurately stimulate point.</p> <p>T116. Apply therapeutic needle technique by manipulating needle to produce intended effect.</p>	<p>K180. Knowledge of the physical landmarks and gross unit proportions used in point location.</p> <p>K181. Knowledge of the anatomical locations of points.</p> <p>K182. Knowledge of intermittent and continuous needle manipulations.</p> <p>K183. Knowledge of the needle retention methods for pathological conditions.</p> <p>K184. Knowledge of the impact of patient constitution and condition on duration of needle retention.</p> <p>K185. Knowledge of patient positions for locating acupuncture points.</p> <p>K186. Knowledge of the needling depths recommended for treating diseases.</p> <p>K187. Knowledge of precautions for needling over vital organs and blood vessels.</p> <p>K188. Knowledge of the association between stimulation techniques and treatment principles.</p>
Performing Auxiliary Treatment (4.0%)	<p>T117. Apply moxibustion to enhance the effects of treatment.</p> <p>T118. Perform electroacupuncture by electrically stimulating selected points to enhance effectiveness of treatment.</p> <p>T119. Perform cupping technique by placing instrument over area to increase effectiveness of treatment.</p> <p>T121. Perform Oriental soft tissue techniques by manipulating affected areas to activate functional changes.</p> <p>T122. Recommend adjunctive therapies patient can implement to support treatment.</p>	<p>K189. Knowledge of the clinical indications for using moxibustion.</p> <p>K190. Knowledge of techniques for using moxibustion in treating disharmonies.</p> <p>K191. Knowledge of the clinical indications for using electroacupuncture.</p> <p>K192. Knowledge of principles for adjusting electrical stimulation intensity according to disorder in electroacupuncture.</p> <p>K193. Knowledge of the clinical indications for using cupping.</p> <p>K194. Knowledge of the methods of cupping manipulation.</p> <p>K198. Knowledge of therapeutic functions of adjunctive therapies.</p> <p>K199. Knowledge of impact of stress reduction in maintenance of health.</p> <p>K200. Knowledge of dietary qualities and sources of nutrition.</p> <p>K201. Knowledge of the function of fluids and electrolyte balances in the body.</p> <p>K202. Knowledge of the interrelationship between body composition and nutritional needs.</p> <p>K203. Knowledge of the effect of illness on food acceptance and utilization.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Providing Acupuncture Treatment (Continued)		
<i>The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.</i>		
Subarea	Task Statements	Knowledge Statements
Performing Auxiliary Treatment (Continued)	T123. Recommend lifestyle changes patient can implement to restore or maintain health. T124. Recommend dietary changes by identifying specific foods to add/omit to support treatment.	K204. Knowledge of the effects of food, nutrient, and drug interactions. K205. Knowledge of therapeutic diets for specific disease patterns.
Implementing Microsystems in Treatment (1.0%)	T125. Select scalp points by identifying clinical indications to treat patient condition. T126. Select auricular points by identifying clinical indications to treat patient condition.	K206. Knowledge of the lines of measurement that run through the scalp region. K208. Knowledge of the function and clinical indications for scalp points. K209. Knowledge of the functions and clinical indications of ear points. K210. Knowledge of methods for selecting ear points according to anatomical location of disease.
Treatment Observation and Modification (2.0%)	T128. Monitor patient's reactions to treatment by evaluating changes in vital signs to identify indications of distress. T129. Reevaluate patient condition by examining changes in symptomatology to determine adjustments to treatment plan.	K213. Knowledge of physical manifestations of patient distress. K214. Knowledge of techniques for managing patient distress. K215. Knowledge of alternate point prescriptions and treatment rotation methods.

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Providing Acupuncture Treatment (Continued)		
<i>The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.</i>		
Subarea	Task Statements	Knowledge Statements
Acupuncture Treatment Contraindications (5.0%)	<p>T130. Identify conditions contraindicated for needling by evaluating condition and constitution to avoid injury.</p> <p>T131. Identify conditions contraindicated for electroacupuncture to determine alternate treatment strategy.</p> <p>T132. Identify conditions contraindicated for cupping to avoid deleterious treatment effects.</p> <p>T133. Identify conditions contraindicated for moxibustion by evaluating condition and constitution to avoid injury.</p> <p>T134. Identify conditions contraindicated for Oriental soft tissue techniques to avoid deleterious treatment effects.</p> <p>T135. Identify conditions contraindicated for adjunctive therapies to determine alternate treatment strategy.</p> <p>T136. Identify conditions contraindicated for dietary therapy to avoid deleterious treatment effects.</p>	<p>K216. Knowledge of association between conditions and contraindicated points for needling.</p> <p>K217. Knowledge of anatomical locations or areas contraindicated for needling.</p> <p>K218. Knowledge of points and conditions that should be needled with caution.</p> <p>K219. Knowledge of conditions contraindicated for use of electroacupuncture.</p> <p>K220. Knowledge of conditions contraindicated for use of cupping.</p> <p>K221. Knowledge of conditions contraindicated for use of moxibustion.</p> <p>K222. Knowledge of the anatomical locations or areas contraindicated for use of moxibustion.</p> <p>K223. Knowledge of conditions contraindicated for use of Oriental soft tissue techniques.</p> <p>K224. Knowledge of the adverse consequences of adjunctive therapies for identified conditions.</p> <p>K225. Knowledge of the adverse consequences of dietary therapies for identified conditions.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Prescribing Herbal Medicinals (17.0%)		
<i>The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.</i>		
Subarea	Task Statements	Knowledge Statements
Identification of Herbs (6.0%)	<p>T137. Identify characteristics of herbs and formulas by evaluating attributes to determine therapeutic effect.</p> <p>T138. Distinguish between herbs and formulas from same classification by identifying unique features to differentiate effectiveness for condition.</p> <p>T139. Determine herbal composition of formulas by identifying chief and deputy herbs to provide hierarchy of ingredients.</p> <p>T140. Identify complementary herb qualities and point functions to provide integrated treatment.</p> <p>T141. Identify similarities between herbal prescriptions and Western medications by evaluating therapeutic properties to augment patient treatment.</p> <p>T142. Identify contraindications for herbs and formulas by assessing a patient's constitution and situation.</p>	<p>K226. Knowledge of the medicinal effects of herbs and formulas for treating pathology.</p> <p>K227. Knowledge of the qualities and properties of herbs and formulas.</p> <p>K228. Knowledge of the pharmacological effect of herbs and formulas.</p> <p>K229. Knowledge of the classification of herbs and formulas according to therapeutic properties.</p> <p>K230. Knowledge of the channel attribution of herbs and formulas.</p> <p>K231. Knowledge of the function of herbal constituents in guiding formula to channel or Organ.</p> <p>K232. Knowledge of the association between principle formulas and variation or associated formulas.</p> <p>K233. Knowledge of the synergistic and antagonist relationship of ingredients in herbal formulas.</p> <p>K234. Knowledge of the hierarchical principles governing herbal medicine ingredients.</p> <p>K235. Knowledge of the association between therapeutic actions of points and herbal medicinals.</p> <p>K236. Knowledge of potential interaction effects of herbal and Western medications.</p> <p>K237. Knowledge of the association between actions of Western pharmaceuticals and herbal medicinals.</p> <p>K238. Knowledge of cautions and contraindications associated with the prescription of herbs and formulas.</p> <p>K239. Knowledge of the antagonistic or incompatible effect of diet on medicinal herbs.</p>

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Prescribing Herbal Medicinals (Continued)		
<i>The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.</i>		
Subarea	Task Statements	Knowledge Statements
Prescribing and Administering Herbs (11.0%)	T143. Prescribe herbs and formulas by matching clinical indications with patient condition to treat pathology. T144. Identify dosage of herbal prescriptions by evaluating condition and constitution. T145. Evaluate patient response by assessing for changes to determine herbal treatment modifications. T146. Monitor effects of herbs when combined with Western medications to determine potential side effects. T147. Assemble herbal formulas by combining proportions of effective dosages of herbs. T148. Combine herbs and formulas to address complex patterns. T149. Modify herbal prescription by evaluating changes in patient symptoms to address changing condition. T150. Modify herbal prescription by identifying secondary or underlying symptoms to address additional conditions. T151. Advise patient on herbal preparations by providing instructions to produce intended therapeutic effect.	K240. Knowledge of the clinical indications for prescribing herbs and formulas. K241. Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and formulas. K242. Knowledge of standards for determining dosage of herbs and formulas. K243. Knowledge of weights and measurements applied to herbal prescriptions. K244. Knowledge of the compositional qualities of herb formula ingredients. K245. Knowledge of the relationship between herbal formulas and treatment principles. K246. Knowledge of strategies for combining constituent herb ingredients to form an herbal formula. K247. Knowledge of combinations of herbs that are toxic or produce undesired side-effects. K248. Knowledge of methods for modifying herbal formulas to treat changes in a patient's condition. K249. Knowledge of the actions of assistant and envoy herbs in herbal formulas. K250. Knowledge of the effects of modifying the dosage of ingredients in herbal formulas. K251. Knowledge of the effect of processing herbs on increasing effectiveness or reducing side-effects. K252. Knowledge of methods for preparing and administering herbs and formulas.

Table 13. Content Areas and Linked Task and Knowledge Statements

Content Area: Regulations for Public Health and Safety (9.0%)		
<i>The practitioner understands and complies with laws and regulations governing hygiene and the control of pathogenic contaminants. The practitioner applies legal guidelines for office practices and maintenance of patient records. The practitioner adheres to legal requirements for reporting known or suspected child, elder, or dependent adult abuse.</i>		
Subarea	Task Statements	Knowledge Statements
Practice Requirements (2.0%)	<p>T152. Maintain patient records by recording treatments given and progress made to track therapeutic progress.</p> <p>T153. Advertise services by adhering to legal guidelines for disseminating information regarding treatment provided.</p> <p>T154. Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.</p>	<p>K253. Knowledge of legal requirements pertaining to the maintenance and retention of records.</p> <p>K254. Knowledge of laws regarding advertisement and dissemination of information of professional qualifications and services.</p> <p>K255. Knowledge of laws which define scope of practice and professional competence for acupuncturists.</p>
Patient Protection (7.0%)	<p>T155. Maintain client's confidentiality by securing treatment records to protect client's right to privacy.</p> <p>T156. Report known or suspected abuse by contacting protective services to comply with mandated reporting requirements.</p> <p>T157. Obtain informed consent by providing information regarding treatment benefits, risks, and side effects.</p> <p>T158. Obtain patient's written consent to disclose treatment information to protect right to privacy.</p> <p>T159. Respond to legal mandates for treatment information by releasing patient records to comply with court order.</p> <p>T160. Implement clean needle technique by following guidelines to prevent the spread of pathogens.</p> <p>T161. Implement universal precautions by following guidelines during treatment to prevent cross contamination.</p> <p>T162. Dispose of needles and supplies by placing in required container to prevent accidental punctures.</p> <p>T163. Dispose of contaminated material containers by adhering to OSHA requirements for disposal.</p>	<p>K256. Knowledge of the legal requirements for protecting patient confidentiality.</p> <p>K257. Knowledge of the criteria for detecting potential child, elder, or dependent adult abuse situations.</p> <p>K258. Knowledge of the legal requirement for reporting known or suspected abuse of children, elder, or dependent adults.</p> <p>K259. Knowledge of legal requirements of written consent to disclose patient records or share patient information.</p> <p>K260. Knowledge of conditions and requirements for disclosing confidential material to other individuals, agencies, or authorities.</p> <p>K261. Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.</p> <p>K262. Knowledge of the sterilization procedures for treatment instruments and equipment.</p> <p>K263. Knowledge of the procedures and standards for storage of equipment and needles after sterilization.</p> <p>K264. Knowledge of guidelines for treating patients who are immunocompromised.</p> <p>K265. Knowledge of guidelines for preventing cross contamination or spread of pathogens.</p> <p>K266. Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.</p> <p>K267. Knowledge of the impact of infectious diseases in practitioners on the health of clients.</p> <p>K268. Knowledge of the methods for isolating used needles.</p> <p>K269. Knowledge of OSHA requirements for disposal of contaminated materials.</p>

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CHAPTER 6. CONCLUSION

The occupational analysis of acupuncturists described in this report provides a comprehensive description of current practice. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent practice in California. By adopting the examination outline in this report, the Board ensures that its examination program is job related. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

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APPENDIX A - COVER LETTER TO PRACTITIONERS

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May 16, 2001

Dear Acupuncture Licensee:

The Acupuncture Board is conducting an occupational analysis of the acupuncture profession. The purpose of the occupational analysis is to identify the tasks performed by licensed acupuncturists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to define acupuncture practice and to update the licensing examination.

During this panel, you will be filling out a questionnaire. The questionnaire contains four sections:

- In Section 1, you will be asked to rate the importance, percentage of time, and criticality of general content areas in the acupuncture field.
- In Section 2, you will be rating the importance, frequency, and criticality of general tasks performed within each of the content areas.
- In Section 3, you will rate the level of usage and criticality of general knowledge associated with the tasks.
- And in Section 4, you will be asked to provide background information about yourself and your current practice.

Instructions for making your ratings is provided at the beginning of each of the sections in the questionnaire. Please carefully read the instruction before making your ratings. If you have any questions regarding how ratings should be made, please ask for assistance.

Your individual responses on this questionnaire will be kept confidential.

The Board thanks you for participating in this study. Your participation will provide valuable information that will be used by the Board to make decisions related to the practice of acupuncture.

Sincerely,

Marilyn Nielsen, Executive Officer
Acupuncture Board

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APPENDIX B – QUESTIONNAIRE

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OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURE PROFESSION

The Acupuncture Board needs your help in identifying the general content areas, tasks performed, and knowledge required for acupuncture practice.

Your individual responses will be kept confidential and will not be included in the Board's files. Your responses will be combined with those of other acupuncturists to determine group trends. The results of the occupational analysis will be used to update the specifications for the California Acupuncture Licensing Examination, prepare feedback to examination candidates, and provide a perspective on the contemporary roles performed by acupuncturists.

This questionnaire has four sections:

- SECTION 1** asks you to rate the importance, percentage of time, and criticality of general content areas in the acupuncture field.
- SECTION 2** asks you to rate the importance, frequency, and criticality of general tasks performed within each of the content areas.
- SECTION 3** asks you to rate the level of usage and criticality of general knowledge associated with the tasks.
- SECTION 4** asks you for background information about yourself and your current practice.

The Board recognizes that every acupuncturist may not perform all of the content areas, tasks, and knowledge contained in this questionnaire. However, your input will provide vital information that will help guide the licensure process.

SECTION 1
INSTRUCTIONS FOR RATING CONTENT AREAS

Content areas are major categories of work activities performed by acupuncturists. The categories of work activities represent different aspects of work that may not be mutually exclusive.

You will rate the importance, percentage of work time spent, and criticality of five content areas in acupuncture. There may be content areas listed in this section that you do not perform; however, it is important that you provide ratings for all five content areas.

The rating scales for importance and percentage of time focus on your own work. The criticality rating scale focuses on your judgment regarding the profession in general.

When you rate importance and criticality, circle ONE number that corresponds to your response, using the rating scales below. When you rate time, write the percentage of work time you devote to each content area. If you devote no time to a content area, write “0%” on the line beside that content area. Your percentages of time spent in the combined content areas should total to 100%.

Importance	Criticality	Time
How important was the content area to your work as an acupuncturist during the past year?	How critical is effective performance of the content area to protecting the customer/public from harm?	What percentage of your work time was devoted to each content area during the past year?
0 Not important	0 Not critical	
1 Minimally important	1 Minimally critical	
2 Moderately important	2 Moderately critical	_____ %
3 Very important	3 Very critical	

EXAMPLE

	Content Area	Importance 0 1 2 3	Criticality 0 1 2 3	Time _____ %
C1.	<u>PATIENT ASSESSMENT</u> - The practitioner obtains patient’s history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner identifies Western medications patient is taking and determines the effect on the patient’s condition. The practitioner utilizes modern diagnostic testing procedures to augment traditional assessment methods.			_____ %

If you believe that this content area was very important to your work as an acupuncturist during the past year, circle the 3 beside the content area under the column labeled IMPORTANCE. If you believe that performing this content area is highly critical to protecting the customer/client from harm, circle the 3 beside the content area, under the column labeled CRITICALITY. Finally, if you devoted approximately 70% of your time to this content area during the past year, write 70% on the line beside the content area, under the column labeled TIME.

Importance	Criticality	Time
How important was the content area to your work as an acupuncturist during the past year?	How critical is effective performance of the content area to protecting the customer/public from harm?	What percentage of your work time was devoted to each content area during the past year? (Percentages should total to 100%) _____ %
0 Not important 1 Minimally important 2 Moderately important 3 Very important	0 Not critical 1 Minimally critical 2 Moderately critical 3 Very critical	

	Content Area	Importance	Criticality	Time
C1.	<u>Patient Assessment</u> – The practitioner obtains patient’s history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.	0 1 2 3	0 1 2 3	_____ %
C2.	<u>Developing a Diagnostic Impression</u> – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner evaluates patterns of disharmony according to theories of Oriental medicine to arrive at a final diagnosis. The practitioner demonstrates a knowledge of how pathology in Western medicine relates to disease in traditional Oriental medicine.	0 1 2 3	0 1 2 3	_____ %
C3.	<u>Providing Acupuncture Treatment</u> – The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.	0 1 2 3	0 1 2 3	_____ %

Importance	Criticality	Time
How important was the content area to your work as an acupuncturist during the past year?	How critical is effective performance of the content area to protecting the customer/public from harm?	What percentage of your work time was devoted to each content area during the past year? (Percentages should total to 100%) _____ %
0 Not important 1 Minimally important 2 Moderately important 3 Very important	0 Not critical 1 Minimally critical 2 Moderately critical 3 Very critical	

	Content Area	Importance	Criticality	Time
C4.	<u>Prescribing Herbal Medicinals</u> – The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.	0 1 2 3	0 1 2 3	_____ %
C5.	<u>Regulations for Public Health and Safety</u> – The practitioner understands and complies with laws and regulations governing hygiene and the control of pathogenic contaminants. The practitioner applies legal guidelines for office practices and maintenance of patient records. The practitioner adheres to legal requirements for reporting known or suspected child, elder, or dependent adult abuse.	0 1 2 3	0 1 2 3	_____ %

NOTE:

Please verify that the values you provided for “Time” equal to 100% when added across all five of the content areas.

SECTION 2
INSTRUCTIONS FOR RATING TASKS

Tasks are the activities that acupuncturists perform within the content areas defined in the previous section of this questionnaire.

You will rate the importance, frequency, and criticality of tasks performed by acupuncturists. There may be tasks listed in this section that you do not perform. However, it is important that you provide ratings for all tasks.

The rating scales for importance and frequency focus on your own work. The rating scale for criticality focuses on your judgment regarding the occupation in general.

When you rate each task, circle ONE number that corresponds to your response, using the rating scales below.

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task to protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

EXAMPLE

	Task	Importance	Frequency	Criticality
T1.1	Assess patient's presenting complaints by obtaining information regarding symptoms to determine focus of examination.	0 1 2 3	0 1 2 3	0 1 2 3

For example, this task is a responsibility performed within the content area of "Patient Assessment." If you believe that performing this task was very important to your work as an acupuncturist during the past year, circle the 3 beside the task under the column labeled IMPORTANCE. If you performed this task moderately frequently during the past year, circle the 2 beside the task under the column labeled FREQUENCY. If you believe that performing the task is highly critical to protecting the customer/public from harm, circle the 3 beside the task under the column labeled CRITICALITY.

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

I. PATIENT ASSESSMENT				
<i>Obtaining Patient History</i>				
Task		Importance	Frequency	Criticality
T1.	Assess patient's presenting complaints by obtaining information regarding symptoms to determine focus of examination.	0 1 2 3	0 1 2 3	0 1 2 3
T2.	Assess general medical status by interviewing patient regarding health history to determine effect on presenting complaint.	0 1 2 3	0 1 2 3	0 1 2 3
T3.	Identify impact of emotional factors by evaluating significant events in patient's life to determine contribution to symptom development.	0 1 2 3	0 1 2 3	0 1 2 3
T4.	Identify sleep patterns to determine the cause and effect on pattern development.	0 1 2 3	0 1 2 3	0 1 2 3
T5.	Gather information regarding environmental influences by asking questions regarding exposures to determine impact on pattern development.	0 1 2 3	0 1 2 3	0 1 2 3
T6.	Gather information regarding diet by evaluating nutritional habits to determine contribution to pattern development.	0 1 2 3	0 1 2 3	0 1 2 3
T7.	Gather information regarding lifestyle to determine contribution to symptom development.	0 1 2 3	0 1 2 3	0 1 2 3
T8.	Evaluate digestion by identifying gastrointestinal responses to determine Middle Jiao function.	0 1 2 3	0 1 2 3	0 1 2 3
T9.	Evaluate level of appetite by determining patient's preferences for food to determine nature of condition.	0 1 2 3	0 1 2 3	0 1 2 3
T10.	Identify eating patterns to determine impact on digestive functioning.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

I. PATIENT ASSESSMENT (CONTINUED)

<i>Obtaining Patient History (Continued)</i>				
Task		Importance	Frequency	Criticality
T11.	Identify predominant tastes in the mouth to determine affected Organs.	0 1 2 3	0 1 2 3	0 1 2 3
T12.	Evaluate preferences for or aversions to flavors or temperatures to determine nature of imbalance.	0 1 2 3	0 1 2 3	0 1 2 3
T13.	Evaluate thirst by determining patient's preferences for liquids to determine nature of condition.	0 1 2 3	0 1 2 3	0 1 2 3
T14.	Evaluate gynecological history to determine imbalances.	0 1 2 3	0 1 2 3	0 1 2 3
T15.	Evaluate urogenital history to determine imbalances.	0 1 2 3	0 1 2 3	0 1 2 3
T16.	Evaluate urine characteristics to determine nature of imbalance.	0 1 2 3	0 1 2 3	0 1 2 3
T17.	Evaluate bowel function to determine nature of imbalance.	0 1 2 3	0 1 2 3	0 1 2 3
T18.	Evaluate for the presence of fever or chills to determine the nature of disharmony.	0 1 2 3	0 1 2 3	0 1 2 3
T19.	Evaluate patterns of perspiration to determine nature of disharmony.	0 1 2 3	0 1 2 3	0 1 2 3
T20.	Evaluate eye function by asking questions regarding ocular changes.	0 1 2 3	0 1 2 3	0 1 2 3
T21.	Evaluate auditory functioning by asking questions regarding changes in acuity.	0 1 2 3	0 1 2 3	0 1 2 3
T22.	Evaluate nature of pain to determine etiology and pathology.	0 1 2 3	0 1 2 3	0 1 2 3

I. PATIENT ASSESSMENT (CONTINUED)

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

<i>Performing a Physical Examination</i>				
	Task	Importance	Frequency	Criticality
T23.	Evaluate level of energy by observing patient's demeanor to determine quality of Qi.	0 1 2 3	0 1 2 3	0 1 2 3
T24.	Observe the face and eyes to determine the outward manifestation of the Shen.	0 1 2 3	0 1 2 3	0 1 2 3
T25.	Observe face for distinguishing characteristics to aid in pattern discrimination.	0 1 2 3	0 1 2 3	0 1 2 3
T26.	Evaluate constitution by observing physical characteristics to determine Five Element associations.	0 1 2 3	0 1 2 3	0 1 2 3
T27.	Evaluate voice by listening for tonal qualities and strength to determine nature of disharmony.	0 1 2 3	0 1 2 3	0 1 2 3
T28.	Assess body odor characteristics by smelling predominant scent to differentiate between patterns.	0 1 2 3	0 1 2 3	0 1 2 3
T29.	Assess phlegm characteristics to identify the nature of pathogenic influence.	0 1 2 3	0 1 2 3	0 1 2 3
T30.	Evaluate pulmonary efficiency by assessing respiration to differentiate between patterns.	0 1 2 3	0 1 2 3	0 1 2 3
T31.	Identify condition of the cutaneous region by examining skin to determine evidence of obstruction or injury.	0 1 2 3	0 1 2 3	0 1 2 3
T32.	Identify dermatological condition by examining skin to determine evidence of obstruction or injury.	0 1 2 3	0 1 2 3	0 1 2 3
T33.	Perform range of motion examination to identify areas of restricted movement.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Performing a Physical Examination (Continued)</i>				
	Task	Importance	Frequency	Criticality
T34.	Palpate joints to assess functional integrity.	0 1 2 3	0 1 2 3	0 1 2 3
T35.	Perform orthopedic assessment by evaluating neuromuscular skeletal systems to identify pathology.	0 1 2 3	0 1 2 3	0 1 2 3
T36.	Evaluate tongue coating by examining qualities to identify abnormalities in functioning.	0 1 2 3	0 1 2 3	0 1 2 3
T37.	Analyze variations in tongue body to determine systemic disharmonies.	0 1 2 3	0 1 2 3	0 1 2 3
T38.	Assess radial pulse qualities by palpation to determine disharmony.	0 1 2 3	0 1 2 3	0 1 2 3
T39.	Palpate areas of tenderness to determine the quality and nature of patient's pain.	0 1 2 3	0 1 2 3	0 1 2 3
T40.	Evaluate balance of channels by heating points on the extremities to determine bilateral sensitivity.	0 1 2 3	0 1 2 3	0 1 2 3
T41.	Examine ear microsystem by evaluating for changes in reactivity to determine the corresponding system involved.	0 1 2 3	0 1 2 3	0 1 2 3
T42.	Examine hand microsystem by evaluating for changes in reactivity to determine the corresponding system involved.	0 1 2 3	0 1 2 3	0 1 2 3
T43.	Examine foot microsystem by evaluating for changes in reactivity to determine the corresponding system involved.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

I. PATIENT ASSESSMENT (CONTINUED)

<i>Evaluating for Western Pharmacology</i>				
	Task	Importance	Frequency	Criticality
T44.	Identify types of Western medications patient is taking to determine impact of pharmaceuticals on condition.	0 1 2 3	0 1 2 3	0 1 2 3
T45.	Identify actions of Western pharmacological agents to determine systems involved.	0 1 2 3	0 1 2 3	0 1 2 3
T46.	Identify effects and side effects of Western medications to determine need to refer for reevaluation.	0 1 2 3	0 1 2 3	0 1 2 3
<i>Implementing Diagnostic Testing</i>				
	Task	Importance	Frequency	Criticality
T47.	Evaluate results of laboratory panels by reviewing ranges of values.	0 1 2 3	0 1 2 3	0 1 2 3
T48.	Evaluate results of radiographic imaging tests by reading report to identify suspected pathology.	0 1 2 3	0 1 2 3	0 1 2 3
T49.	Evaluate results of electrographic diagnostic tests to identify potential pathology or abnormality.	0 1 2 3	0 1 2 3	0 1 2 3
T50.	Measure vital signs to identify baseline values and pathologies.	0 1 2 3	0 1 2 3	0 1 2 3
T51.	Perform auscultation to identify cardiopulmonary or abdominal pathologies.	0 1 2 3	0 1 2 3	0 1 2 3
T52.	Perform abdominal palpation to identify organ pathology.	0 1 2 3	0 1 2 3	0 1 2 3
T53.	Perform neurological examination by evaluating reflexes and cutaneous sensation to identify pathology.	0 1 2 3	0 1 2 3	0 1 2 3
T54.	Perform cranial nerve examination by following medical protocols to identify pathology.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

II. DEVELOPING A DIAGNOSIS													
<i>Forming a Diagnostic Impression</i>													
T55.	Identify interrelationship of affected Organs by evaluating constitutional weaknesses or changes resulting from pathogenic influences.	0	1	2	3	0	1	2	3	0	1	2	3
T56.	Identify principle patterns by evaluating symptoms to determine balance of Yin and Yang.	0	1	2	3	0	1	2	3	0	1	2	3
T57.	Determine causative factors by integrating diagnostic information to identify source of underlying disease patterns.	0	1	2	3	0	1	2	3	0	1	2	3
T58.	Integrate symptoms of physiological systems to determine stage of disease progression.	0	1	2	3	0	1	2	3	0	1	2	3
T59.	Identify severity of condition by evaluating level and movement of pathogenic penetration.	0	1	2	3	0	1	2	3	0	1	2	3
T60.	Identify affected channel by evaluating diagnostic information to determine disharmony.	0	1	2	3	0	1	2	3	0	1	2	3
T61.	Differentiate between root and branch of disease by evaluating symptoms to determine focus of treatment.	0	1	2	3	0	1	2	3	0	1	2	3
T62.	Differentiate between primary and secondary conditions by prioritizing symptoms to develop treatment strategy.	0	1	2	3	0	1	2	3	0	1	2	3
T63.	Determine acute pernicious influences by evaluating for symptoms of illness to determine treatment strategy.	0	1	2	3	0	1	2	3	0	1	2	3
T64.	Integrate diagnostic findings to form clinical impressions to describe patient's current health status.	0	1	2	3	0	1	2	3	0	1	2	3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

II. DEVELOPING A DIAGNOSIS (CONTINUED)

<i>Differentiation of Syndromes</i>					
	Task	Importance	Frequency	Criticality	
T65.	Determine Five Element imbalances by evaluating systems of correspondences to determine impact on patient condition.	0 1 2 3	0 1 2 3	0 1 2 3	
T66.	Determine Zang Fu diagnosis by evaluating patterns in symptomatology to identify affected Organs.	0 1 2 3	0 1 2 3	0 1 2 3	
T67.	Determine Eight Principles diagnosis by evaluating symptom parameters to determine the nature and strength of disease.	0 1 2 3	0 1 2 3	0 1 2 3	
T68.	Determine relative strength of Qi and Blood by evaluating diagnostic findings to determine the nature of the condition.	0 1 2 3	0 1 2 3	0 1 2 3	
T69.	Determine depth of penetration of pathogen by using Four Level differentiation to develop a treatment strategy.	0 1 2 3	0 1 2 3	0 1 2 3	
T70.	Determine depth of penetration of pathogen by using Six Stage differentiation to develop a treatment strategy.	0 1 2 3	0 1 2 3	0 1 2 3	
T71.	Determine location of pathogenic factor by evaluating patterns of disease manifestation of the San Jiao.	0 1 2 3	0 1 2 3	0 1 2 3	
T72.	Determine Jing Ye diagnosis by integrating diagnostic findings.	0 1 2 3	0 1 2 3	0 1 2 3	

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

II. DEVELOPING A DIAGNOSIS (CONTINUED)

<i>Biomedical Disease</i>					
	Task	Importance	Frequency	Criticality	
T73.	Provide patient with information regarding physiological systems to explain how the body functions.	0 1 2 3	0 1 2 3	0 1 2 3	
T74.	Inform patient of Oriental medical diagnosis by relating Oriental concepts to Western medicine concepts.	0 1 2 3	0 1 2 3	0 1 2 3	
T75.	Evaluate symptoms to determine indications of Western conditions that require referral for treatment.	0 1 2 3	0 1 2 3	0 1 2 3	
T76.	Prepare reports regarding patient condition by translating Oriental medical diagnosis into terminology common to other health care providers.	0 1 2 3	0 1 2 3	0 1 2 3	
T77.	Interact with health care providers to integrate treatment.	0 1 2 3	0 1 2 3	0 1 2 3	
<i>Emergency Procedures</i>					
T78.	Identify life-threatening conditions by evaluating signs and symptoms to refer for emergency medical treatment.	0 1 2 3	0 1 2 3	0 1 2 3	
T79.	Perform cardiopulmonary resuscitation by administering breaths and compressions to treat nonresponsive patient.	0 1 2 3	0 1 2 3	0 1 2 3	
T80.	Respond to emergency situations by administering first aid to treat patient in distress.	0 1 2 3	0 1 2 3	0 1 2 3	
<i>Oriental Treatment Planning</i>					
T81.	Determine treatment principle by evaluating patterns of disharmony to develop treatment objectives.	0 1 2 3	0 1 2 3	0 1 2 3	

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT

<i>Point Selection Principles</i>					
	Task	Importance	Frequency	Criticality	
T82.	Develop a treatment plan by formulating a plan of action to address therapeutic needs of the patient.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T83.	Develop a point prescription based on treatment principles to correct imbalances.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T84.	Select distal/proximal points to address affected channels.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T85.	Select local points by evaluating clinical indication to treat condition.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T86.	Select adjacent point near the affected area to augment treatment protocol.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T87.	Select points from different channels to combine treatment of root and branch.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T88.	Select contralateral points to balance treatment prescription.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T89.	Select points above and below to balance treatment prescription.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T90.	Select front and back points to enhance treatment prescription.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T91.	Select points in the center to treat conditions occurring in the extremities.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T92.	Select points on the extremities to treat conditions occurring in the center.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T93.	Select points along the muscle channels by identifying correspondences between Ashi points and features of the muscle channel system.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)				
<i>Point Categories in Acupuncture Treatment</i>				
	Task	Importance	Frequency	Criticality
T94.	Select points along corresponding channels to affect Cutaneous regions.	0 1 2 3	0 1 2 3	0 1 2 3
T95.	Select Front-Mu (Alarm) points to address systemic imbalances of an acute nature.	0 1 2 3	0 1 2 3	0 1 2 3
T96.	Select Back-Shu (Associated) points to address systemic imbalances of a chronic nature.	0 1 2 3	0 1 2 3	0 1 2 3
T97.	Select coupled points by combining Front-Mu (Alarm) and Back-Shu (Associated) points to balance Yin and Yang.	0 1 2 3	0 1 2 3	0 1 2 3
T98.	Select Lower He-Sea (Uniting) points to connect channel with respective Fu Organs.	0 1 2 3	0 1 2 3	0 1 2 3
T99.	Combine points from different categories to provide balanced treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T100.	Select Five Shu (Five-Transporting) points to treat imbalances of the Five Elements.	0 1 2 3	0 1 2 3	0 1 2 3
T101.	Select Confluent points of the Eight Extra Channels by evaluating symptoms to treat conditions of the miscellaneous channels.	0 1 2 3	0 1 2 3	0 1 2 3
T102.	Select Extra Points to treat corresponding conditions.	0 1 2 3	0 1 2 3	0 1 2 3
T103.	Select Intersecting/Crossing points to treat diseases manifesting in multiple channels.	0 1 2 3	0 1 2 3	0 1 2 3
T104.	Select Luo-Connecting points that access Divergent channels to strengthen internally-externally related channels.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Point Categories in Acupuncture Treatment (Continued)

	Task	Importance	Frequency	Criticality
T105.	Select Luo-Connecting points to treat conditions associated with paired Yin and Yang channels.	0 1 2 3	0 1 2 3	0 1 2 3
T106.	Select Yuan-Source (Primary) points to access fundamental Qi for the channel.	0 1 2 3	0 1 2 3	0 1 2 3
T107.	Select Xi-Cleft (Accumulation) points to treat acute conditions of the related channel and corresponding Organs.	0 1 2 3	0 1 2 3	0 1 2 3
T108.	Select the Eight Influential Point to affect related anatomical areas (tissues).	0 1 2 3	0 1 2 3	0 1 2 3
T109.	Select Window of the Sky or Ghost points to treat disturbances of Shen.	0 1 2 3	0 1 2 3	0 1 2 3
T110.	Select Four Seas points to affect corresponding Qi, Blood, Nourishment, and Marrow.	0 1 2 3	0 1 2 3	0 1 2 3
T111.	Select Mother/Son (Four Needle Technique) points by identifying complimentary points to address imbalances.	0 1 2 3	0 1 2 3	0 1 2 3

Point Location and Needling Techniques

T112.	Locate points by implementing anatomical landmarks and proportional measurements to identify area for needle insertion.	0 1 2 3	0 1 2 3	0 1 2 3
T113.	Identify length of needle retention by evaluating patient constitution and condition to determine time needed for efficacy of result.	0 1 2 3	0 1 2 3	0 1 2 3
T114.	Position patient by moving into recommended configuration to provide for proper needle insertion.	0 1 2 3	0 1 2 3	0 1 2 3

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Performing Auxiliary Treatment

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

	Task	Importance	Frequency	Criticality
T115.	Insert needle according to standard depths to accurately stimulate point.	0 1 2 3	0 1 2 3	0 1 2 3
T116.	Apply therapeutic needle technique by manipulating needle to produce intended effect.	0 1 2 3	0 1 2 3	0 1 2 3
T117.	Apply moxibustion to enhance the effects of treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T118.	Perform electroacupuncture by electrically stimulating selected points to enhance effectiveness of treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T119.	Perform cupping technique by placing instrument over area to increase effectiveness of treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T120.	Perform Manaka technique by choosing extra points based on abdominal reflexology to address tender areas.	0 1 2 3	0 1 2 3	0 1 2 3
T121.	Perform Oriental soft tissue techniques by manipulating affected areas to activate functional changes.	0 1 2 3	0 1 2 3	0 1 2 3
T122.	Recommend adjunctive therapies patient can implement to support treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T123.	Recommend lifestyle changes patient can implement to restore or maintain health.	0 1 2 3	0 1 2 3	0 1 2 3
T124.	Recommend dietary changes by identifying specific foods to add/omit to support treatment.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)				
<i>Implementing Microsystems in Treatment</i>				
T125.	Select scalp points by identifying clinical indications to treat patient condition.	0 1 2 3	0 1 2 3	0 1 2 3
T126.	Select auricular points by identifying clinical indications to treat patient condition.	0 1 2 3	0 1 2 3	0 1 2 3
T127.	Select hand points by identifying clinical indications to treat patient condition.	0 1 2 3	0 1 2 3	0 1 2 3
<i>Treatment Observation and Modification</i>				
	Task	Importance	Frequency	Criticality
T128.	Monitor patient's reactions to treatment by evaluating changes in vital signs to identify indications of distress.	0 1 2 3	0 1 2 3	0 1 2 3
T129.	Reevaluate patient condition by examining changes in symptomatology to determine adjustments to treatment plan.	0 1 2 3	0 1 2 3	0 1 2 3
<i>Acupuncture Treatment Contraindications</i>				
	Task	Importance	Frequency	Criticality
T130.	Identify conditions contraindicated for needling by evaluating condition and constitution to avoid injury.	0 1 2 3	0 1 2 3	0 1 2 3
T131.	Identify conditions contraindicated for electroacupuncture to determine alternate treatment strategy.	0 1 2 3	0 1 2 3	0 1 2 3
T132.	Identify conditions contraindicated for cupping to avoid deleterious treatment effects.	0 1 2 3	0 1 2 3	0 1 2 3
T133.	Identify conditions contraindicated for moxibustion by evaluating condition and constitution to avoid injury.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Acupuncture Treatment Contraindications</i>				
	Task	Importance	Frequency	Criticality
T134.	Identify conditions contraindicated for Oriental soft tissue techniques condition to avoid deleterious treatment effects.	0 1 2 3	0 1 2 3	0 1 2 3
T135.	Identify conditions contraindicated for adjunctive therapies to determine alternate treatment strategy.	0 1 2 3	0 1 2 3	0 1 2 3
T136.	Identify conditions contraindicated for dietary therapy to avoid deleterious treatment effects.	0 1 2 3	0 1 2 3	0 1 2 3

IV. PRESCRIBING HERBAL MEDICINALS

<i>Identification of Herbs</i>				
	Task	Importance	Frequency	Criticality
T137.	Identify characteristics of herbs and formulas by evaluating attributes to determine therapeutic effect.	0 1 2 3	0 1 2 3	0 1 2 3
T138.	Distinguish between herbs and formulas from same classification by identifying unique features to differentiate effectiveness for condition.	0 1 2 3	0 1 2 3	0 1 2 3
T139.	Determine herbal composition of formulas by identifying chief and deputy herbs to provide hierarchy of ingredients.	0 1 2 3	0 1 2 3	0 1 2 3
T140.	Identify complementary herb qualities and point functions to provide integrated treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T141.	Identify similarities between herbal prescriptions and Western medications by evaluating therapeutic properties to augment patient treatment.	0 1 2 3	0 1 2 3	0 1 2 3
T142.	Identify contraindications for herbs and formulas by assessing a patient's constitution and situation.	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

IV. PRESCRIBING HERBAL MEDICINALS (CONTINUED)

<i>Prescribing and Administering Herbs</i>					
	Task	Importance	Frequency	Criticality	
T143.	Prescribe herbs and formulas by matching clinical indications with patient condition to treat pathology.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T144.	Identify dosage of herbal prescriptions by evaluating condition and constitution.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T145.	Evaluate patient response by assessing for changes to determine herbal treatment modifications.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T146.	Monitor effects of herbs when combined with Western medications to determine potential side effects.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T147.	Assemble herbal formulas by combining proportions of effective dosages of herbs.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T148.	Combine herbs and formulas to address complex patterns.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T149.	Modify herbal prescription by evaluating changes in patient symptoms to address changing condition.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T150.	Modify herbal prescription by identifying secondary or underlying symptoms to address additional conditions.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
T151.	Advise patient on herbal preparations by providing instructions to produce intended therapeutic effect.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY

<i>Practice Requirements</i>					
	Task	Importance	Frequency	Criticality	
T152.	Maintain patient records by recording treatments given and progress made to track therapeutic progress.	0 1 2 3	0 1 2 3	0 1 2 3	
T153.	Advertise services by adhering to legal guidelines for disseminating information regarding treatment provided.	0 1 2 3	0 1 2 3	0 1 2 3	
T154.	Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.	0 1 2 3	0 1 2 3	0 1 2 3	
<i>Patient Protection</i>					
T155.	Maintain client's confidentiality by securing treatment records to protect client's right to privacy.	0 1 2 3	0 1 2 3	0 1 2 3	
T156.	Report known or suspected abuse by contacting protective services to comply with mandated reporting requirements.	0 1 2 3	0 1 2 3	0 1 2 3	
T157.	Obtain informed consent by providing information regarding treatment benefits, risks, and side effects.	0 1 2 3	0 1 2 3	0 1 2 3	
T158.	Obtain patient's written consent to disclose treatment information to protect right to privacy.	0 1 2 3	0 1 2 3	0 1 2 3	
T159.	Respond to legal mandates for treatment information by releasing patient records to comply with court order.	0 1 2 3	0 1 2 3	0 1 2 3	
T160.	Implement clean needle technique by following guidelines to prevent the spread of pathogens.	0 1 2 3	0 1 2 3	0 1 2 3	
T161.	Implement universal precautions by following guidelines during treatment to prevent cross contamination.	0 1 2 3	0 1 2 3	0 1 2 3	

Importance		Frequency		Criticality	
How important was performance of the task to your work as an acupuncturist during the past year?		How frequently have you performed this task during the past year?		How critical is effective performance of the task of protecting the customer/public from harm?	
0	Not important	0	Never or very rarely	0	Not critical
1	Minimally important	1	Infrequently	1	Minimally critical
2	Moderately important	2	Moderately frequently	2	Moderately critical
3	Very important	3	Very frequently	3	Highly critical

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY (CONTINUED)				
<i>Patient Protection (Continued)</i>				
	Task	Importance	Frequency	Criticality
T162.	Dispose of needles and supplies by placing in required container to prevent accidental punctures.	0 1 2 3	0 1 2 3	0 1 2 3
T163.	Dispose of contaminated material containers by adhering to OSHA requirements for disposal.	0 1 2 3	0 1 2 3	0 1 2 3

SECTION 3
INSTRUCTIONS FOR RATING GENERAL KNOWLEDGE

Knowledge included in this section relates to the content areas and tasks identified and defined in previous sections of this questionnaire. Knowledge is presented as statements describing general bodies of information needed to perform tasks. The knowledge presented in this section may not include all knowledge used by acupuncturists.

You will rate each knowledge in terms of usage and criticality. There may be knowledge that you do not use; however, it is important that you provide ratings for all knowledge statements.

The rating scales for usage focus on your own work. Be sure to rate each knowledge statement on criticality, even if you rated as the statement “0” on the usage scale. The rating scale for criticality focuses on your judgment regarding the profession in general.

When you rate usage and criticality, circle ONE number that corresponds to your response, using the rating scales below.

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not have the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

EXAMPLE

General Knowledge		Usage	Criticality
K1.	Knowledge of the relationship between symptoms and imbalance.	0 1 2	0 1 2 3

For example, consider the statement “Knowledge of the relationship between symptoms and imbalance.” If your work requires you to use this knowledge by recognizing/recalling it, circle the 1 beside the knowledge statement, under the column labeled USAGE. If you believe that possessing this knowledge is highly critical to effective job performance, circle the 3 beside the knowledge statement under the column labeled CRITICALITY.

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT			
<i>Obtaining Patient History</i>			
	Knowledge	Usage	Criticality
K1.	Knowledge of the categories of common chief complaints.	0 1 2	0 1 2 3
K2.	Knowledge of the effect of medical history on current health status.	0 1 2	0 1 2 3
K3.	Knowledge of the impact of genetics and heredity on symptom development.	0 1 2	0 1 2 3
K4.	Knowledge of the clinical indications of pathology resulting from emotions.	0 1 2	0 1 2 3
K5.	Knowledge of the patterns of sleep associated with pathology.	0 1 2	0 1 2 3
K6.	Knowledge of exogenous factors that lead to pathology.	0 1 2	0 1 2 3
K7.	Knowledge of the impact of improper diet on the development of pathology.	0 1 2	0 1 2 3
K8.	Knowledge of methods for dietary evaluation.	0 1 2	0 1 2 3
K9.	Knowledge of the effects of overstrain and stress on the development of pathological conditions.	0 1 2	0 1 2 3
K10.	Knowledge of methods for assessing areas of the epigastrium and abdomen.	0 1 2	0 1 2 3
K11.	Knowledge of clinical indications of pathology in the Middle Jiao.	0 1 2	0 1 2 3
K12.	Knowledge of characteristics of appetite associated with pathology.	0 1 2	0 1 2 3
K13.	Knowledge of the relationship between eating patterns and digestive disharmony.	0 1 2	0 1 2 3
K14.	Knowledge of the association between tastes in the mouth and pathology.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT (CONTINUED)			
<i>Obtaining Patient History (Continued)</i>			
	Knowledge	Usage	Criticality
K15.	Knowledge of the association between flavors, temperatures, and imbalances.	0 1 2	0 1 2 3
K16.	Knowledge of the association between characteristics of thirst and patterns of disharmony.	0 1 2	0 1 2 3
K17.	Knowledge of the clinical manifestations of pathology associated with menstruation characteristics.	0 1 2	0 1 2 3
K18.	Knowledge of the association between characteristics of pregnancy and childbirth and symptom development.	0 1 2	0 1 2 3
K19.	Knowledge of pre- and postmenopausal symptomatology.	0 1 2	0 1 2 3
K20.	Knowledge of the anatomy, physiology, and function of the urinary system.	0 1 2	0 1 2 3
K21.	Knowledge of symptoms of urogenital pathology.	0 1 2	0 1 2 3
K22.	Knowledge of urine characteristics indicative of pathology.	0 1 2	0 1 2 3
K23.	Knowledge of stool characteristics associated with imbalance.	0 1 2	0 1 2 3
K24.	Knowledge of pathologies associated with patterns of bowel elimination.	0 1 2	0 1 2 3
K25.	Knowledge of the association between fever and/or chills and pathogenic influences.	0 1 2	0 1 2 3
K26.	Knowledge of patterns of perspiration associated with interior and exterior patterns.	0 1 2	0 1 2 3
K27.	Knowledge of ocular anatomy and structures.	0 1 2	0 1 2 3
K28.	Knowledge of ocular symptomatology and pathology.	0 1 2	0 1 2 3
K29.	Knowledge of the anatomical structures of the external, middle, and inner ear.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT (CONTINUED)			
<i>Obtaining Patient History (Continued)</i>			
	Knowledge	Usage	Criticality
K30.	Knowledge of auricular symptomatology and pathology.	0 1 2	0 1 2 3
K31.	Knowledge of clinical manifestations of pain resulting from pathological influences.	0 1 2	0 1 2 3
<i>Performing a Physical Examination</i>			
	Knowledge	Usage	Criticality
K32.	Knowledge of the anatomical movement of Qi in promoting vitality.	0 1 2	0 1 2 3
K33.	Knowledge of the origins of Shen.	0 1 2	0 1 2 3
K34.	Knowledge of the clinical manifestations of impaired Shen.	0 1 2	0 1 2 3
K35.	Knowledge of the association between the appearance of the face and imbalances.	0 1 2	0 1 2 3
K36.	Knowledge of the properties associated with the Five Elements.	0 1 2	0 1 2 3
K37.	Knowledge of the laws of movement that govern the Five Elements.	0 1 2	0 1 2 3
K38.	Knowledge of the interrelationship between the Organs and the Five Elements.	0 1 2	0 1 2 3
K39.	Knowledge of the nature of relationships among the Five Elements that lead to pathology.	0 1 2	0 1 2 3
K40.	Knowledge of the relationship between voice characteristics and patterns of disharmony.	0 1 2	0 1 2 3
K41.	Knowledge of the association between body odors and nature of disease.	0 1 2	0 1 2 3
K42.	Knowledge of the association between clinical manifestations of phlegm and the area of body affected.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT (CONTINUED)			
<i>Performing a Physical Examination (Continued)</i>			
	Knowledge	Usage	Criticality
K43.	Knowledge of the clinical indications of Impaired pulmonary function.	0 1 2	0 1 2 3
K44.	Knowledge of cutaneous symptomatology that indicate channel pathology.	0 1 2	0 1 2 3
K45.	Knowledge of the association between characteristics of the skin and pathological conditions.	0 1 2	0 1 2 3
K46.	Knowledge of the anatomy and physiology of the musculoskeletal system.	0 1 2	0 1 2 3
K47.	Knowledge of methods of assessing musculoskeletal function and integrity.	0 1 2	0 1 2 3
K48.	Knowledge of the mechanisms of disease association with the musculoskeletal system.	0 1 2	0 1 2 3
K49.	Knowledge of methods for assessing the baseline and changes in the integrity of joint movements.	0 1 2	0 1 2 3
K50.	Knowledge of pathogenic factors that affect the synovial membrane and articular cartilage.	0 1 2	0 1 2 3
K51.	Knowledge of the effect of inflammation, degeneration, or articular disruption on the degree of joint mobility.	0 1 2	0 1 2 3
K52.	Knowledge of the role of the central nervous system in regulating voluntary movements.	0 1 2	0 1 2 3
K53.	Knowledge of clinical indications of neuromuscular system dysfunction.	0 1 2	0 1 2 3
K54.	Knowledge of acquired or congenital conditions that impairs body alignment or mobility.	0 1 2	0 1 2 3
K55.	Knowledge of the relationship between changes in the tongue coating and pathological changes in the body.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT (CONTINUED)			
<i>Performing a Physical Examination (Continued)</i>			
	Knowledge	Usage	Criticality
K56.	Knowledge of tongue topography correspondence with internal Organs.	0 1 2	0 1 2 3
K57.	Knowledge of methods of detecting pathological conditions associated with variations of tongue body.	0 1 2	0 1 2 3
K58.	Knowledge of the areas and levels for obtaining pulse information.	0 1 2	0 1 2 3
K59.	Knowledge of the association between pulse characteristics and pathology.	0 1 2	0 1 2 3
K60.	Knowledge of methods for integrating tongue and pulse characteristics to discern diagnostic information.	0 1 2	0 1 2 3
K61.	Knowledge of methods for discerning patterns based on nature and quality of pain.	0 1 2	0 1 2 3
K62.	Knowledge of the interconnection of Organs and tissues.	0 1 2	0 1 2 3
K63.	Knowledge of methods for determining channel imbalance according to Akabane.	0 1 2	0 1 2 3
K64.	Knowledge of the relationship between areas of the ear and corresponding body structures and systems.	0 1 2	0 1 2 3
K65.	Knowledge of the association between appearance of the ear and indications of pathology.	0 1 2	0 1 2 3
K66.	Knowledge of the anatomical correspondences between areas of the palm and internal Organs.	0 1 2	0 1 2 3
K67.	Knowledge of the anatomical correspondences between areas of the foot and internal Organs.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

I. PATIENT ASSESSMENT (CONTINUED)			
<i>Evaluating for Western Pharmacology</i>			
	Knowledge	Usage	Criticality
K68.	Knowledge of Western medication nomenclature.	0 1 2	0 1 2 3
K69.	Knowledge of the classification of commonly prescribed Western medications.	0 1 2	0 1 2 3
K70.	Knowledge of the pharmacological effect of commonly prescribed Western medications.	0 1 2	0 1 2 3
K71.	Knowledge of the mechanisms of actions of commonly prescribed Western medications.	0 1 2	0 1 2 3
K72.	Knowledge of the potential for idiosyncratic or allergic reactions to medications.	0 1 2	0 1 2 3
K73.	Knowledge of common and uncommon side effects of commonly-prescribed medications.	0 1 2	0 1 2 3
<i>Implementing Diagnostic Testing</i>			
	Knowledge	Usage	Criticality
K74.	Knowledge of laboratory panels used for diagnostic purposes.	0 1 2	0 1 2 3
K75.	Knowledge of the clinical significance of laboratory test results in detecting pathology.	0 1 2	0 1 2 3
K76.	Knowledge of clinical situations requiring nuclear medicine tests to obtain diagnostic information.	0 1 2	0 1 2 3
K77.	Knowledge of the clinical significance of X-ray, ultrasound, or computed tomography (CT) results in detecting organ or tissue pathology.	0 1 2	0 1 2 3
K78.	Knowledge of clinical situations requiring electroencephalogram (EEG) or electrocardiograph (EKG) testing.	0 1 2	0 1 2 3
K79.	Knowledge of the clinical significance of electroencephalogram (EEG) and electrocardiograph (EKG) results in detecting pathology.	0 1 2	0 1 2 3
I. PATIENT ASSESSMENT (CONTINUED)			

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

<i>Implementing Diagnostic Testing (Continued)</i>			
	Knowledge	Usage	Criticality
K80.	Knowledge of vital sign values consistent with identified normal and abnormal ranges.	0 1 2	0 1 2 3
K81.	Knowledge of clinical manifestations of vital sign values that indicate life-threatening conditions.	0 1 2	0 1 2 3
K82.	Knowledge of the anatomical location and function of the cardiopulmonary system.	0 1 2	0 1 2 3
K83.	Knowledge of clinical indications of cardiopulmonary dysfunction.	0 1 2	0 1 2 3
K84.	Knowledge of the anatomical location and function of organs within the abdominal region.	0 1 2	0 1 2 3
K85.	Knowledge of clinical indications of gastrointestinal disturbances.	0 1 2	0 1 2 3
K86.	Knowledge of clinical indications of pathology associated with abnormal abdominal physiological tenderness, pressure, or pain.	0 1 2	0 1 2 3
K87.	Knowledge of the relationship between cerebellar function and muscular activity.	0 1 2	0 1 2 3
K88.	Knowledge of sensory responses to stimuli tests that indicate neurological dysfunction.	0 1 2	0 1 2 3
K89.	Knowledge of the effect of central nervous system damage on the alignment and mobility of the body.	0 1 2	0 1 2 3
K90.	Knowledge of methods for assessing reflex reactions that indicate integrity of the sensory and motor pathways.	0 1 2	0 1 2 3
K91.	Knowledge of the physiological pathways and functioning of cranial nervous system.	0 1 2	0 1 2 3
K92.	Knowledge of the clinical indications of cranial nerve dysfunction.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

II. DEVELOPING A DIAGNOSTIC IMPRESSION			
<i>Forming a Diagnostic Impression</i>			
K93.	Knowledge of the impact of the relationship between the Organs and channels in disease progression and transformation.	0 1 2	0 1 2 3
K94.	Knowledge of the principles of relationships, patterns, and changes of Yin and Yang aspects.	0 1 2	0 1 2 3
K95.	Knowledge of the relationship between Yin and Yang Organs and vital substances.	0 1 2	0 1 2 3
K96.	Knowledge of the internal and external causes of disease.	0 1 2	0 1 2 3
K97.	Knowledge of the antipathogenic and pathogenic factors associated with conditions.	0 1 2	0 1 2 3
K98.	Knowledge of the etiologies and manifestations associated with conditions.	0 1 2	0 1 2 3
K99.	Knowledge of the physiological processes associated with disease progression.	0 1 2	0 1 2 3
K100.	Knowledge of how disease progresses from superficial to deep levels of penetration.	0 1 2	0 1 2 3
K101.	Knowledge of clinical manifestations associated with disease of the channels.	0 1 2	0 1 2 3
K102.	Knowledge of the anatomical distribution of muscles, tendons, and ligaments with bones, joints, and internal Organs.	0 1 2	0 1 2 3
K103.	Knowledge of the distribution, functions, and clinical significance of the channels.	0 1 2	0 1 2 3
K104.	Knowledge of the connection between the etiology of diseases and clinical manifestations.	0 1 2	0 1 2 3
K105.	Knowledge of principles for treating root versus branch symptoms.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)			
<i>Forming a Diagnostic Impression (Continued)</i>			
	Knowledge	Usage	Criticality
K106.	Knowledge of methods for prioritizing symptoms according to acuteness or seriousness.	0 1 2	0 1 2 3
K107.	Knowledge of the types of acute pernicious influences.	0 1 2	0 1 2 3
K108.	Knowledge of methods of integrating assessment information in developing a differential diagnosis.	0 1 2	0 1 2 3
<i>Differentiation of Syndromes</i>			
	Knowledge	Usage	Criticality
K109.	Knowledge of the clinical manifestations of Element imbalance.	0 1 2	0 1 2 3
K110.	Knowledge of the physiological relationship between the Zangfu organs and the channels.	0 1 2	0 1 2 3
K111.	Knowledge of the physical functions associated with the Organs in traditional Oriental medicine.	0 1 2	0 1 2 3
K112.	Knowledge of the signs and symptoms associated with pathology of the Organs.	0 1 2	0 1 2 3
K113.	Knowledge of methods for identifying simultaneous Organ disharmonies.	0 1 2	0 1 2 3
K114.	Knowledge of the signs and symptoms associated with Interior and Exterior patterns.	0 1 2	0 1 2 3
K115.	Knowledge of methods for differentiating patterns of Hot and Cold conditions.	0 1 2	0 1 2 3
K116.	Knowledge of methods for differentiating Empty and Full patterns.	0 1 2	0 1 2 3
K117.	Knowledge of methods for differentiating Yin and Yang patterns of disharmony.	0 1 2	0 1 2 3
K118.	Knowledge of the functions associated with the forms of Qi.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)			
<i>Differentiation of Syndromes (Continued)</i>			
	Knowledge	Usage	Criticality
K119.	Knowledge of the characteristics and functions associated with Blood.	0 1 2	0 1 2 3
K120.	Knowledge of the disharmonies associated with Qi and Blood.	0 1 2	0 1 2 3
K121.	Knowledge of patterns of disharmony associated with the Six Stages.	0 1 2	0 1 2 3
K122.	Knowledge of the clinical manifestations of disease at the Four Levels.	0 1 2	0 1 2 3
K123.	Knowledge of the clinical manifestations of disease at the San Jiao.	0 1 2	0 1 2 3
K124.	Knowledge of the pathogenic factors which result in disharmonies of Jing Ye.	0 1 2	0 1 2 3
K125.	Knowledge of the clinical indications associated with disharmonies of Jing Ye.	0 1 2	0 1 2 3
<i>Biomedical Disease</i>			
K126.	Knowledge of the physiology, function, and anatomical location of organs and tissues.	0 1 2	0 1 2 3
K127.	Knowledge of the function of physiological systems.	0 1 2	0 1 2 3
K128.	Knowledge of the basic chemistry elements and compounds of the human body.	0 1 2	0 1 2 3
K129.	Knowledge of the composition and formed elements of blood.	0 1 2	0 1 2 3
K130.	Knowledge of the interrelationship between Western disease processes and traditional Oriental medicine syndromes.	0 1 2	0 1 2 3
K131.	Knowledge of methods for relating and differentiating disease processes in Western and Oriental medicine.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)			
<i>Biomedical Disease (Continued)</i>			
	Knowledge	Usage	Criticality
K132.	Knowledge of laws regulating practice techniques for Oriental medical science.	0 1 2	0 1 2 3
K133.	Knowledge of clinical indications of Western pathology.	0 1 2	0 1 2 3
K134.	Knowledge of Western medical terminology.	0 1 2	0 1 2 3
K135.	Knowledge of requirements for writing medical reports.	0 1 2	0 1 2 3
K136.	Knowledge of Western medical diagnostic codes.	0 1 2	0 1 2 3
K137.	Knowledge of medical protocol for referring patients.	0 1 2	0 1 2 3
<i>Emergency Procedures</i>			
	Knowledge	Usage	Criticality
K138.	Knowledge of clinical indications of emergency conditions.	0 1 2	0 1 2 3
K139.	Knowledge of symptoms that indicate anaphylactic shock.	0 1 2	0 1 2 3
K140.	Knowledge of methods for administering cardiopulmonary resuscitation.	0 1 2	0 1 2 3
K141.	Knowledge of methods for providing first aid treatment.	0 1 2	0 1 2 3
<i>Oriental Treatment Planning</i>			
	Knowledge	Usage	Criticality
K142.	Knowledge of methods for determining treatment principle based on patterns of disharmony.	0 1 2	0 1 2 3
K143.	Knowledge of effectiveness of combining treatment strategies in developing a treatment plan.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT			
<i>Point Selection Principles</i>			
	Knowledge	Usage	Criticality
K144.	Knowledge of the function and clinical indications of points.	0 1 2	0 1 2 3
K145.	Knowledge of the classification and nomenclature of acupuncture points.	0 1 2	0 1 2 3
K146.	Knowledge of the association between points and internal Organs and channels.	0 1 2	0 1 2 3
K147.	Knowledge of the synergistic effects of needling points according the principles of opposites.	0 1 2	0 1 2 3
K148.	Knowledge of methods for combining distal and proximal points in the treatment of imbalance.	0 1 2	0 1 2 3
K149.	Knowledge of the therapeutic effects of using local points in acupuncture treatment.	0 1 2	0 1 2 3
K150.	Knowledge of the therapeutic effect of using adjacent points in treatment.	0 1 2	0 1 2 3
K151.	Knowledge of principles for combining points from different channels.	0 1 2	0 1 2 3
K152.	Knowledge of the therapeutic effects of needling contralesional points.	0 1 2	0 1 2 3
K153.	Knowledge of methods for combining points above and below the waist to treat disease.	0 1 2	0 1 2 3
K154.	Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	0 1 2	0 1 2 3
K155.	Knowledge of the effect of unbalanced point prescription methods for obtaining therapeutic results.	0 1 2	0 1 2 3
K156.	Knowledge of the effect of using points on the front and back to regulate internal Organs.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			
<i>Point Selection Principles (Continued)</i>			
	Knowledge	Usage	Criticality
K157.	Knowledge of treatment strategies that use centrally located points which relate to the extremities.	0 1 2	0 1 2 3
K158.	Knowledge of treatment strategies that use points in the extremities which relate to the center.	0 1 2	0 1 2 3
K159.	Knowledge of the relationship between reactive Ashi points and point selection.	0 1 2	0 1 2 3
K160.	Knowledge of the interaction between the Cutaneous regions and the twelve regular meridians.	0 1 2	0 1 2 3
<i>Point Categories in Acupuncture Treatment</i>			
K161.	Knowledge of the effect of using Front-Mu points in treatment.	0 1 2	0 1 2 3
K162.	Knowledge of the effect of using Back-Shu points in treatment.	0 1 2	0 1 2 3
K163.	Knowledge of methods for combining Front-Mu and Back-Shu points to balance treatment.	0 1 2	0 1 2 3
K164.	Knowledge of treatment principles for using Lower He-Sea points.	0 1 2	0 1 2 3
K165.	Knowledge of techniques for combining points according to channel dynamics.	0 1 2	0 1 2 3
K166.	Knowledge of the efficacy of using particular points during progressive phases of treatment.	0 1 2	0 1 2 3
K167.	Knowledge of the channel dynamics of the Five Shu (Five Transporting) points.	0 1 2	0 1 2 3
K168.	Knowledge of the effect of using Confluent points of the Eight Extra channels.	0 1 2	0 1 2 3
K169.	Knowledge of effect of using Extra points in treatment.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			
<i>Point Categories in Acupuncture Treatment (Continued)</i>			
	Knowledge	Usage	Criticality
K170.	Knowledge of treatment strategies for using Intersecting/Crossing points of the channel.	0 1 2	0 1 2 3
K171.	Knowledge of the effect of using Lou-Connecting points in treatment.	0 1 2	0 1 2 3
K172.	Knowledge of the relationships between the Lou-Connecting points and the Twelve Primary channels.	0 1 2	0 1 2 3
K173.	Knowledge of how Qi is dispersed to the Zang-Fu Organs via the Yuan-Source points.	0 1 2	0 1 2 3
K174.	Knowledge of the effect of using Yuan-Source points in providing treatment.	0 1 2	0 1 2 3
K175.	Knowledge of treatment strategies for using of Xi-Cleft points in treatment.	0 1 2	0 1 2 3
K176.	Knowledge of the effect of using Influential points in treatment.	0 1 2	0 1 2 3
K177.	Knowledge of the effectiveness of Window of the Sky and Ghost Points in treating pathology.	0 1 2	0 1 2 3
K178.	Knowledge of treatment strategies for using the Four Seas points.	0 1 2	0 1 2 3
K179.	Knowledge of the effect of using Mother/Son points in treatment.	0 1 2	0 1 2 3
<i>Point Location and Needling Techniques</i>			
	Knowledge	Usage	Criticality
K180.	Knowledge of the physical landmarks and gross unit proportions used in point location.	0 1 2	0 1 2 3
K181.	Knowledge of the anatomical location of points.	0 1 2	0 1 2 3
K182.	Knowledge of intermittent and continuous needle manipulations.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			
<i>Point Location and Needling Techniques (Continued)</i>			
	Knowledge	Usage	Criticality
K183.	Knowledge of the needle retention methods for pathological conditions.	0 1 2	0 1 2 3
K184.	Knowledge of Impact of patient constitution and condition on length of needle retention.	0 1 2	0 1 2 3
K185.	Knowledge of patient positions for locating acupuncture points.	0 1 2	0 1 2 3
K186.	Knowledge of the needling depths recommended for treating diseases.	0 1 2	0 1 2 3
K187.	Knowledge of precautions for needling over vital organs and blood vessels.	0 1 2	0 1 2 3
K188.	Knowledge of the association between stimulation techniques and treatment principles.	0 1 2	0 1 2 3
<i>Performing Auxiliary Treatment</i>			
K189.	Knowledge of the clinical indications for using moxibustion.	0 1 2	0 1 2 3
K190.	Knowledge of techniques for using moxibustion in treating disharmonies.	0 1 2	0 1 2 3
K191.	Knowledge of the clinical indications for using electroacupuncture.	0 1 2	0 1 2 3
K192.	Knowledge of principles for adjusting electrical stimulation intensity according to disorder in electroacupuncture.	0 1 2	0 1 2 3
K193.	Knowledge of the clinical indications for using cupping.	0 1 2	0 1 2 3
K194.	Knowledge of the methods of cupping manipulation.	0 1 2	0 1 2 3
K195.	Knowledge of technique for performing Manaka.	0 1 2	0 1 2 3
K196.	Knowledge of techniques for manipulating affected areas with Oriental Soft tissue techniques.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			
<i>Performing Auxiliary Treatment (Continued)</i>			
	Knowledge	Usage	Criticality
K197.	Knowledge of the clinical indications for applying Oriental soft tissue techniques.	0 1 2	0 1 2 3
K198.	Knowledge of therapeutic functions of adjunctive therapies.	0 1 2	0 1 2 3
K199.	Knowledge of impact of stress reduction in maintenance of health.	0 1 2	0 1 2 3
K200.	Knowledge of dietary qualities and sources of nutrition.	0 1 2	0 1 2 3
K201.	Knowledge of the function of fluids and electrolyte balances in the body.	0 1 2	0 1 2 3
K202.	Knowledge of the interrelationship between body composition and nutritional needs.	0 1 2	0 1 2 3
K203.	Knowledge of the effect of illness on food acceptance and utilization.	0 1 2	0 1 2 3
K204.	Knowledge of the effects of food, nutrient, and drug interactions.	0 1 2	0 1 2 3
K205.	Knowledge of therapeutic diets for specific disease patterns.	0 1 2	0 1 2 3
<i>Implementing Microsystems in Treatment</i>			
	Knowledge	Usage	Criticality
K206.	Knowledge of the lines of measurement that run through the scalp region.	0 1 2	0 1 2 3
K207.	Knowledge of the location of stimulation sites corresponding to areas on the cerebral cortex for treating disease.	0 1 2	0 1 2 3
K208.	Knowledge of the function and clinical indications for scalp points.	0 1 2	0 1 2 3
K209.	Knowledge of the functions and clinical indications of ear points.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			
<i>Implementing Microsystems in Treatment (Continued)</i>			
	Knowledge	Usage	Criticality
K210.	Knowledge of methods for selecting ear points according to anatomical location of disease.	0 1 2	0 1 2 3
K211.	Knowledge of the correspondence between areas of the hand and internal Organs.	0 1 2	0 1 2 3
K212.	Knowledge of the function and indications for hand points.	0 1 2	0 1 2 3
<i>Treatment Observation and Modification</i>			
	Knowledge	Usage	Criticality
K213.	Knowledge of physical manifestations of patient distress.	0 1 2	0 1 2 3
K214.	Knowledge of techniques for managing patient distress.	0 1 2	0 1 2 3
K215.	Knowledge of alternate point prescriptions and treatment rotation methods.	0 1 2	0 1 2 3
<i>Acupuncture Treatment Contraindications</i>			
	Knowledge	Usage	Criticality
K216.	Knowledge of association between conditions and contraindicated points for needling.	0 1 2	0 1 2 3
K217.	Knowledge of anatomical locations or areas contraindicated for needling.	0 1 2	0 1 2 3
K218.	Knowledge of points and conditions that should be needled with caution.	0 1 2	0 1 2 3
K219.	Knowledge of conditions contraindicated for use of electroacupuncture.	0 1 2	0 1 2 3
K220.	Knowledge of conditions contraindicated for use of cupping.	0 1 2	0 1 2 3
K221.	Knowledge of conditions contraindications for use of moxibustion.	0 1 2	0 1 2 3
K222.	Knowledge of the anatomical locations or areas contraindicated for use of moxibustion.	0 1 2	0 1 2 3
III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)			

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

<i>Acupuncture Treatment Contraindications (Continued)</i>			
	Knowledge	Usage	Criticality
K223.	Knowledge of conditions contraindications for use of Oriental soft tissue techniques.	0 1 2	0 1 2 3
K224.	Knowledge of the adverse consequences of adjunctive therapies for identified conditions.	0 1 2	0 1 2 3
K225.	Knowledge of the adverse consequences of dietary therapies for identified conditions.	0 1 2	0 1 2 3

IV. PRESCRIBING HERBAL MEDICINALS

<i>Identification of Herbs</i>			
	Knowledge	Usage	Criticality
K226.	Knowledge of the medicinal effects of herbs and formulas for treating pathology.	0 1 2	0 1 2 3
K227.	Knowledge of the qualities and properties of herbs and formulas.	0 1 2	0 1 2 3
K228.	Knowledge of the pharmacological effect of herbs and formulas.	0 1 2	0 1 2 3
K229.	Knowledge of the classification of herbs and formulas according to therapeutic properties.	0 1 2	0 1 2 3
K230.	Knowledge of the channel attribution of herbs and formulas.	0 1 2	0 1 2 3
K231.	Knowledge of the function of herbal constituents in guiding formula to channel or Organ.	0 1 2	0 1 2 3
K232.	Knowledge of the association between principle formulas and variation or associated formulas.	0 1 2	0 1 2 3
K233.	Knowledge of the synergistic and antagonist relationship of ingredients in herbal formulas.	0 1 2	0 1 2 3
K234.	Knowledge of the hierarchical principles governing herbal medicine ingredients.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

IV. PRESCRIBING HERBAL MEDICINALS (CONTINUED)			
<i>Identification of Herbs (Continued)</i>			
	Knowledge	Usage	Criticality
K235.	Knowledge of the association between therapeutic actions of points and herbal medicinals.	0 1 2	0 1 2 3
K236.	Knowledge of potential interaction effects of herbal and Western medications.	0 1 2	0 1 2 3
K237.	Knowledge of the association between actions of Western pharmaceuticals and herbal medicinals.	0 1 2	0 1 2 3
K238.	Knowledge of cautions and contraindications associated with the prescription of herbs and formulas.	0 1 2	0 1 2 3
K239.	Knowledge of the antagonistic or incompatible effect of diet on medicinal herbs.	0 1 2	0 1 2 3
<i>Prescribing and Administering Herbs</i>			
	Knowledge	Usage	Criticality
K240.	Knowledge of the clinical indications for prescribing herbs and formulas.	0 1 2	0 1 2 3
K241.	Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and formulas.	0 1 2	0 1 2 3
K242.	Knowledge of standards for determining dosage of herbs and formulas.	0 1 2	0 1 2 3
K243.	Knowledge of weights and measurements applied to herbal prescriptions.	0 1 2	0 1 2 3
K244.	Knowledge of the compositional qualities of herb formula ingredients.	0 1 2	0 1 2 3
K245.	Knowledge of the relationship between herbal formulas and treatment principles.	0 1 2	0 1 2 3
K246.	Knowledge of strategies for combining constituent herb ingredients to form an herbal formula.	0 1 2	0 1 2 3
K247.	Knowledge of combinations of herbs that are toxic or produce undesired side-effects.	0 1 2	0 1 2 3
IV. PRESCRIBING HERBAL MEDICINALS (CONTINUED)			

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

<i>Prescribing and Administering Herbs (Continued)</i>			
	Knowledge	Usage	Criticality
K248.	Knowledge of methods for modifying herbal formulas to treat changes in a patient's condition.	0 1 2	0 1 2 3
K249.	Knowledge of the actions of assistant and envoy herbs in herbal formulas.	0 1 2	0 1 2 3
K250.	Knowledge of the effects of modifying the dosage of ingredients in an herbal formula.	0 1 2	0 1 2 3
K251.	Knowledge of the effect of processing herbs on increasing effectiveness or reducing side-effects.	0 1 2	0 1 2 3
K252.	Knowledge of methods for preparing and administering herbs and formulas.	0 1 2	0 1 2 3
V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY			
<i>Practice Requirements</i>			
	Knowledge	Usage	Criticality
K253.	Knowledge of legal requirements pertaining to the maintenance and retention of records.	0 1 2	0 1 2 3
K254.	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications and services.	0 1 2	0 1 2 3
K255.	Knowledge of laws which define scope of practice and professional competence for acupuncturists.	0 1 2	0 1 2 3
<i>Patient Protection</i>			
	Knowledge	Usage	Criticality
K256.	Knowledge of the legal requirements for protecting patient confidentiality.	0 1 2	0 1 2 3
K257.	Knowledge of the criteria for detecting potential child, elder, or dependent adult abuse situations.	0 1 2	0 1 2 3
K258.	Knowledge of the legal requirement for reporting known or suspected abuse of children, elder, or dependent adults.	0 1 2	0 1 2 3

Usage	Criticality
What level best represents your use of this specialty knowledge in your work?	How critical is this specialty knowledge to effective job performance for an acupuncturist?
0 I do not use the knowledge	0 Not critical
1 I recognize/recall the knowledge	1 Minimally critical
2 I apply/interpret/integrate the knowledge	2 Moderately critical
	3 Highly critical

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY			
<i>Patient Protection (Continued)</i>			
	Knowledge	Usage	Criticality
K259.	Knowledge of legal requirements of written consent to disclose patient records or share patient information.	0 1 2	0 1 2 3
K260.	Knowledge of conditions and requirements for disclosing confidential material to other individuals, agencies, or authorities.	0 1 2	0 1 2 3
K261.	Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	0 1 2	0 1 2 3
K262.	Knowledge of the sterilization procedures for treatment instruments and equipment.	0 1 2	0 1 2 3
K263.	Knowledge of the procedures and standards for storage of equipment and needles after sterilization.	0 1 2	0 1 2 3
K264.	Knowledge of guidelines for treating patients who are immunocompromised.	0 1 2	0 1 2 3
K265.	Knowledge of guidelines for preventing cross contamination or spread of pathogens.	0 1 2	0 1 2 3
K266.	Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	0 1 2	0 1 2 3
K267.	Knowledge of the impact of infectious diseases in practitioners on the health of clients.	0 1 2	0 1 2 3
K268.	Knowledge of the methods for isolating used needles.	0 1 2	0 1 2 3
K269.	Knowledge of OSHA requirements for disposal of contaminated materials.	0 1 2	0 1 2 3

SECTION 4
DEMOGRAPHIC AND PROFESSIONAL INFORMATION

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil code, Section 1798 et seq.), and will be used only for the purpose of analyzing the ratings from this questionnaire.

For questions 1 to 7, 9-10, and 13-17 check ONE choice. For question 8, check all that apply. For questions 11 and 12, fill in the blanks.

1. Are you currently performing as a licensed acupuncturist in California?
 Yes
 No

2. What type of business do you work in?
 Sole owner/practitioner
 Partnership
 Corporation

3. How many hours per week do you work as a licensed acupuncturist in California?
 10 hours or less
 11 to 20 hours
 21 to 30 hours
 31 to 40 hours
 More than 40 hours

4. How many years have you been licensed as an acupuncturist in California?
 Less than 1 year
 1 to 5 years
 6 to 10 years
 11 to 15 years
 16 to 20 years
 More than 20 years

5. What best describes the location where you perform most of your work?
 Urban (greater than 50,000 people)
 Rural (less than 50,000 people)

6. What is the primary focus of your practice?
 General practice
 Pain management
 Substance abuse rehabilitation
 HIV/AIDS
 Hepatitis
 Paralysis
 Pediatric diseases
 Other _____

7. What is your primary spoken language?
- English
 - Chinese
 - Korean
 - Other _____
8. What languages do you speak fluently? (Select all that apply.)
- English
 - Chinese
 - Korean
 - Other _____
9. What is the primary language spoken by the majority of your patients?
- English
 - Chinese
 - Korean
 - Other _____
10. At what school did you complete your program?
- Academy of Chinese Culture and Health Sciences
 - American College of TCM
 - Bastyr University
 - China International Medical University
 - Dongguk-Royal University
 - Emperor's College of Oriental Medicine
 - Five Branches
 - International Institute of Chinese Medicine
 - Keimyung Baylo University
 - Kyung San University
 - Meiji College of Oriental Medicine
 - Northwest Institute of Acupuncture and Oriental Medicine
 - Oregon College of Oriental Medicine
 - Pacific Institute of Oriental Medicine
 - Pacific College of Oriental Medicine
 - Samra University of Oriental Medicine
 - Santa Barbara College of Oriental Medicine
 - Southwest Acupuncture College
 - Traditional Acupuncture Institute
 - Yo San University
 - Other _____

11. What was the total number of hours in the program in which you graduated? _____

12. What year did you graduate from the acupuncture program you attended? _____

13. Do you feel your acupuncture training program adequately prepared you for your first year in private practice?

Yes

No

14. How effectively were you able to diagnose and treat patients in your first year of practice?

Ineffective 1 2 3 4 5 Highly Effective

15. Have you expanded your education since completing your training program (other than continuing education requirements for licensure)?

Yes

No

If yes, in what subject area(s)? _____

16. How effectively did your acupuncture training program prepare you to integrate standard medical reports and diagnostic exams into your patients' treatment plans and recommendations?

Ineffective 1 2 3 4 5 Highly Effective

For item 17, please select only one of the two-digit codes below.

17. In what county do you primarily work? _____

- | | | | |
|-----------------|----------------|--------------------|---------------|
| 01 Alameda | 16 Kings | 31 Placer | 46 Sierra |
| 02 Alpine | 17 Lake | 32 Plumas | 47 Siskiyou |
| 03 Amador | 18 Lassen | 33 Riverside | 48 Solano |
| 04 Butte | 19 Los Angeles | 34 Sacramento | 49 Sonoma |
| 05 Calaveras | 20 Madera | 35 San Benito | 50 Stanislaus |
| 06 Colusa | 21 Marin | 36 San Bernardino | 51 Sutter |
| 07 Contra Costa | 22 Mariposa | 37 San Diego | 52 Tehama |
| 08 Del Norte | 23 Mendocino | 38 San Francisco | 53 Trinity |
| 09 El Dorado | 24 Merced | 39 San Joaquin | 54 Tulare |
| 10 Fresno | 25 Modoc | 40 San Luis Obispo | 55 Tuolumne |
| 11 Glenn | 26 Mono | 41 San Mateo | 56 Ventura |
| 12 Humboldt | 27 Monterey | 42 Santa Barbara | 57 Yolo |
| 13 Imperial | 28 Napa | 43 Santa Clara | 58 Yuba |
| 14 Inyo | 29 Nevada | 44 Santa Cruz | |
| 15 Kern | 30 Orange | 45 Shasta | |

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

Please check to see that you have responded to every item and
return the questionnaire before leaving the room.

APPENDIX C – CRITICALITY INDICES FOR TASK STATEMENTS

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I. PATIENT ASSESSMENT					
<i>Obtaining Patient History</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T1	Assess patient's presenting complaints by obtaining information regarding symptoms to determine focus of examination.	2.86	2.71	2.66	21.35
T2	Assess general medical status by interviewing patient regarding health history to determine effect on presenting complaint.	2.69	2.53	2.52	18.57
T3	Identify impact of emotional factors by evaluating significant events in patient's life to determine contribution to symptom development.	2.52	2.37	2.19	14.91
T4	Identify sleep patterns to determine the cause and effect on pattern development.	2.36	2.33	1.94	12.58
T5	Gather information regarding environmental influences by asking questions regarding exposures to determine impact on pattern development.	2.28	2.09	2.03	12.41
T6	Gather information regarding diet by evaluating nutritional habits to determine contribution to pattern development.	2.53	2.41	2.16	15.39
T7	Gather information regarding lifestyle to determine contribution to symptom development.	2.49	2.40	2.15	14.81
T8	Evaluate digestion by identifying gastrointestinal responses to determine Middle Jiao function.	2.57	2.44	2.24	16.31
T9	Evaluate level of appetite by determining patient's preferences for food to determine nature of condition.	2.17	2.09	1.84	11.23
T10	Identify eating patterns to determine impact on digestive functioning.	2.33	2.20	1.98	12.83
T11	Identify predominant tastes in the mouth to determine affected Organs. <i>Below Cutoff Value</i>	1.79	1.61	1.42	7.33

I. PATIENT ASSESSMENT (CONTINUED)					
<i>Obtaining Patient History (Continued)</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T12	Evaluate preferences for or aversions to flavors or temperatures to determine nature of imbalance.	2.08	1.93	1.68	9.85
T13	Evaluate thirst by determining patient's preferences for liquids to determine nature of condition.	2.37	2.30	1.98	13.37
T14	Evaluate gynecological history to determine imbalances.	2.66	2.48	2.39	17.73
T15	Evaluate urogenital history to determine imbalances.	2.37	2.23	2.13	13.80
T16	Evaluate urine characteristics to determine nature of imbalance.	2.22	2.01	2.00	12.27
T17	Evaluate bowel function to determine nature of imbalance.	2.67	2.52	2.31	17.30
T18	Evaluate for the presence of fever or chills to determine the nature of disharmony.	2.65	2.42	2.39	17.36
T19	Evaluate patterns of perspiration to determine nature of disharmony.	2.38	2.18	2.03	13.10
T20	Evaluate eye function by asking questions regarding ocular changes.	1.94	1.66	1.74	8.88
T21	Evaluate auditory functioning by asking questions regarding changes in acuity.	1.91	1.67	1.71	8.52
T22	Evaluate nature of pain to determine etiology and pathology.	2.78	2.69	2.59	20.96
<i>Performing a Physical Examination</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T23	Evaluate level of energy by observing patient's demeanor to determine quality of Qi.	2.67	2.61	2.26	17.45
T24	Observe the face and eyes to determine the outward manifestation of the Shen.	2.62	2.56	2.19	16.41

I. PATIENT ASSESSMENT (CONTINUED)

Performing a Physical Examination (Continued)

Task		Importance	Frequency	Criticality	OverallCV
T25	Observe face for distinguishing characteristics to aid in pattern discrimination.	2.11	2.05	1.76	10.86
T26	Evaluate constitution by observing physical characteristics to determine Five Element associations.	1.92	1.78	1.60	9.38
T27	Evaluate voice by listening for tonal qualities and strength to determine nature of disharmony.	1.95	1.84	1.54	8.78
T28	Assess body odor characteristics by smelling predominant scent to differentiate between patterns. <i>Below Cutoff Value</i>	1.70	1.46	1.40	6.63
T29	Assess phlegm characteristics to identify the nature of pathogenic influence.	2.57	2.38	2.23	15.44
T30	Evaluate pulmonary efficiency by assessing respiration to differentiate between patterns.	2.22	1.98	2.12	12.38
T31	Identify condition of the cutaneous region by examining skin to determine evidence of obstruction or injury.	2.22	2.00	1.99	11.80
T32	Identify dermatological condition by examining skin to determine evidence of obstruction or injury.	2.25	2.02	2.02	12.07
T33	Perform range of motion examination to identify areas of restricted movement.	2.49	2.34	2.29	15.88
T34	Palpate joints to assess functional integrity.	2.31	2.20	2.08	14.05
T35	Perform orthopedic assessment by examining the neuromuscular skeletal systems to identify pathology.	2.21	1.92	2.01	12.24
T36	Evaluate tongue coating by examining qualities to identify abnormalities in functioning.	2.74	2.72	2.39	19.54

I. PATIENT ASSESSMENT (CONTINUED)					
<i>Performing a Physical Examination (Continued)</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T37	Analyze variations in tongue body to determine systemic disharmonies.	2.69	2.67	2.33	18.82
T38	Assess radial pulse qualities by palpation to determine disharmony.	2.71	2.70	2.37	19.21
T39	Palpate areas of tenderness to determine the quality and nature of patient's pain.	2.73	2.65	2.44	19.39
T40	Evaluate balance of channels by heating points on the extremities to determine bilateral sensitivity. <i>Below Cutoff Value</i>	1.32	1.07	1.17	5.98
T41	Examine ear microsystem by evaluating for changes in reactivity to determine the corresponding system involved. <i>Below Cutoff Value</i>	1.51	1.35	1.15	5.41
T42	Examine hand microsystem by evaluating for changes in reactivity to determine the corresponding system involved. <i>Below Cutoff Value</i>	1.13	.91	.96	3.96
T43	Examine foot microsystem by evaluating for changes in reactivity to determine the corresponding system involved. <i>Below Cutoff Value</i>	1.10	.92	.94	3.80
<i>Evaluating for Western Pharmacology</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T44	Identify types of Western medications patient is taking to determine impact of pharmaceuticals on condition.	2.47	2.32	2.39	16.83
T45	Identify actions of Western pharmacological agents to determine systems involved.	2.35	2.14	2.27	14.66
T46	Identify effects and side effects of Western medications to identify need to refer for reevaluation.	2.47	2.22	2.47	16.59

I. PATIENT ASSESSMENT (CONTINUED)					
<i>Implementing Diagnostic Testing</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T47	Evaluate results of laboratory panels by reviewing ranges of values.	2.13	1.78	2.08	11.16
T48	Evaluate results of radiographic imaging tests by reading report to identify suspected pathology.	1.92	1.50	1.85	8.84
T49	Evaluate results of electrographic diagnostic tests to identify potential pathology or abnormality. <i>Below Cutoff Value</i>	1.69	1.22	1.70	6.73
T50	Measure vital signs to identify baseline values and pathologies.	2.13	1.89	2.13	12.60
T51	Perform auscultation to determine cardiopulmonary or abdominal pathologies.	1.88	1.45	1.83	8.49
T52	Perform abdominal palpation to determine organ pathology.	2.08	1.83	2.01	11.43
T53	Perform neurological examination by evaluating reflexes and cutaneous sensation to determine pathology.	1.87	1.54	1.75	8.59
T54	Perform cranial nerve examination by following medical protocols to determine pathology. <i>Below Cutoff Value</i>	1.65	1.16	1.59	6.57
II. DEVELOPING A DIAGNOSIS					
<i>Forming a Diagnostic Impression</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T55	Identify interrelationship of affected Organs by evaluating constitutional weaknesses or changes resulting from pathogenic influences.	2.56	2.41	2.25	16.41
T56	Identify principle patterns by evaluating symptoms to determine balance of Yin and Yang.	2.71	2.62	2.43	18.95

II. DEVELOPING A DIAGNOSIS (CONTINUED)

Forming a Diagnostic Impression (Continued)

	Task	Importance	Frequency	Criticality	OverallCV
T57	Determine causative factors by integrating diagnostic information to identify source of underlying disease patterns.	2.71	2.64	2.43	19.18
T58	Integrate symptoms of physiological systems to determine stage of disease progression.	2.52	2.36	2.33	16.52
T59	Identify severity of condition by evaluating level and movement of pathogenic penetration.	2.39	2.21	2.23	14.81
T60	Identify affected channel by evaluating diagnostic information to determine disharmony.	2.53	2.44	2.17	15.70
T61	Differentiate between root and branch of disease by evaluating symptoms to determine focus of treatment.	2.49	2.36	2.20	15.90
T62	Differentiate between primary and secondary conditions by prioritizing symptoms to develop treatment strategy.	2.63	2.51	2.31	17.34
T63	Determine acute pernicious influences by evaluating for symptoms of illness to determine treatment strategy.	2.57	2.40	2.34	16.89
T64	Integrate diagnostic findings to form clinical impressions to describe patient's current health status.	2.61	2.50	2.38	17.51

Differentiation of Syndromes

	Task	Importance	Frequency	Criticality	OverallCV
T65	Determine Five Element imbalances by evaluating systems of correspondences to determine impact on patient condition.	2.09	1.93	1.79	11.61
T66	Determine Zang Fu diagnosis by evaluating patterns in symptomatology to identify affected Organs.	2.68	2.62	2.34	18.58

II. DEVELOPING A DIAGNOSIS (CONTINUED)

Differentiation of Syndromes (Continued)

	Task	Importance	Frequency	Criticality	OverallCV
T67	Determine Eight Principles diagnosis by evaluating symptom parameters to determine the nature and strength of disease.	2.61	2.51	2.31	17.48
T68	Determine relative strength of Qi and Blood by evaluating diagnostic findings to determine the nature of the condition.	2.66	2.60	2.39	18.80
T69	Determine depth of penetration of pathogen by using Four Level differentiation to develop a treatment strategy.	2.15	1.90	2.01	11.87
T70	Determine depth of penetration of pathogen by using Six Stage differentiation to develop a treatment strategy.	2.11	1.87	1.97	11.29
T71	Determine location of pathogenic factor by evaluating patterns of disease manifestation of the San Jiao.	2.00	1.73	1.80	9.97
T72	Determine Jing Ye diagnosis by integrating diagnostic findings.	1.83	1.62	1.63	8.92

Biomedical Disease

	Task	Importance	Frequency	Criticality	OverallCV
T73	Provide patient with information regarding physiological systems to explain how the body functions.	2.44	2.41	2.00	14.15
T74	Inform patient of Oriental medical diagnosis by relating Oriental concepts to Western medicine concepts.	2.44	2.50	2.00	14.66
T75	Evaluate symptoms to determine indications of Western conditions that require referral for treatment.	2.56	2.25	2.49	16.71
T76	Prepare reports regarding patient condition by translating Oriental medical diagnosis into terminology common to other health care providers.	2.11	1.74	1.82	10.00
T77	Interact with health care providers to integrate treatment.	2.20	1.80	2.05	11.39

II. DEVELOPING A DIAGNOSIS (CONTINUED)					
<i>Emergency Procedures</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T78	Identify life-threatening conditions by evaluating signs and symptoms to refer for emergency medical treatment.	2.66	1.62	2.74	13.26
T79	Perform cardiopulmonary resuscitation by administering breaths and compressions to revive nonresponsive patient. <i>Below Cutoff Value</i>	2.17	.61	2.55	4.55
T80	Respond to emergency situations by administering first aid to treat patient in distress. <i>Below Cutoff Value</i>	2.28	.87	2.57	6.54
<i>Oriental Treatment Planning</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T81	Determine treatment principle by evaluating patterns of disharmony to develop treatment objectives.	2.75	2.63	2.43	19.22
T82	Develop a treatment plan by formulating a plan of action to address therapeutic needs of the patient.	2.69	2.62	2.42	18.90
III. PROVIDING ACUPUNCTURE TREATMENT					
<i>Point Selection Principles</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T83	Develop a point prescription based on treatment principles to correct imbalances.	2.81	2.75	2.44	19.91
T84	Select distal/proximal points to address affected channels.	2.67	2.63	2.21	17.32
T85	Select local points by evaluating clinical indication to treat condition.	2.62	2.55	2.16	16.50
T86	Select adjacent point near the affected area to augment treatment protocol.	2.34	2.30	1.99	13.33
T87	Select points from different channels to combine treatment of root and branch.	2.46	2.36	2.04	14.70
T88	Select contralateral points to balance treatment prescription.	2.34	2.17	1.95	12.79

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Point Selection Principles (Continued)

	Task	Importance	Frequency	Criticality	OverallCV
T89	Select points Above and Below to balance treatment prescription.	2.37	2.27	1.95	13.43
T90	Select front and back points to enhance treatment prescription.	2.33	2.15	1.94	12.92
T91	Select points in the center to treat conditions occurring in the extremities.	1.77	1.57	1.61	8.51
T92	Select points on the extremities to treat conditions occurring in the center.	2.38	2.34	1.94	13.82
T93	Select points along the muscle channels by identifying correspondences between Ashi points and features of the muscle channel system.	2.27	2.21	1.90	13.05
T94	Select points along corresponding channels to affect Cutaneous regions.	1.89	1.69	1.57	8.67

Point Categories in Acupuncture Treatment

	Task	Importance	Frequency	Criticality	OverallCV
T95	Select Front-Mu (Alarm) points to address systemic imbalances of an acute nature.	2.25	1.99	1.90	11.41
T96	Select Back-Shu (Associated) points to address systemic imbalances of a chronic nature.	2.56	2.43	2.11	15.23
T97	Select coupled points by combining Front-Mu (Alarm) and Back-Shu (Associated) points to balance Yin and Yang.	2.11	1.85	1.88	10.70
T98	Select Lower He-Sea (Uniting) points to connect channel with respective Fu Organs.	2.16	2.01	1.86	11.74
T99	Combine points from different categories to provide balanced treatment.	2.47	2.37	2.01	14.41
T100	Select Five Shu (Five-Transporting) points to treat imbalances of the Five Elements.	2.11	1.87	1.80	11.42

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Point Categories in Acupuncture Treatment (Continued)

	Task	Importance	Frequency	Criticality	Overall CV
T101	Select Confluent points of the Eight Extra Channels by evaluating symptoms to treat conditions of the miscellaneous channels.	2.25	2.06	1.89	11.84
T102	Select Extra Points to treat corresponding conditions.	2.32	2.20	1.93	12.40
T103	Select Intersecting/Crossing points to treat diseases manifesting in multiple channels.	2.14	1.97	1.82	11.00
T104	Select Luo-Connecting points that access Divergent channels to strengthen internally-externally related channels.	2.09	1.85	1.79	10.46
T105	Select Luo-Connecting points to treat conditions associated with paired Yin and Yang channels.	2.11	1.88	1.80	10.61
T106	Select Yuan-Source (Primary) points to access fundamental Qi for the channel.	2.42	2.25	2.01	13.56
T107	Select Xi-Cleft (Accumulation) points to treat acute conditions of the related channel and corresponding Organs.	2.23	1.92	1.87	10.91
T108	Select the Eight Influential Point to affect related anatomical areas (tissues).	2.22	1.99	1.86	11.41
T109	Select Window of the Sky or Ghost points to treat disturbances of Shen. <i>Below Cutoff Value</i>	1.66	1.27	1.42	6.49
T110	Select Four Seas points to affect corresponding Qi, Blood, Nourishment, and Marrow.	1.98	1.66	1.67	9.40
T111	Select Mother/Son (Four Needle Technique) points by identifying complimentary points to address imbalances.	1.83	1.52	1.58	8.49

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Point Location and Needling Techniques

	Task	Importance	Frequency	Criticality	OverallCV
T112	Locate points by implementing anatomical landmarks and proportional measurements to identify area for needle insertion.	2.84	2.80	2.64	22.38
T113	Identify length of needle retention by evaluating patient constitution and condition to determine time needed for efficacy of result.	2.71	2.69	2.52	20.27
T114	Position patient by moving into recommended configuration to provide for proper needle insertion.	2.79	2.73	2.62	21.47
T115	Insert needle according to standard depths to accurately stimulate point.	2.70	2.65	2.64	20.73
T116	Apply therapeutic needle technique by manipulating needle to produce intended effect.	2.59	2.57	2.36	18.18

Performing Auxiliary Treatment

	Task	Importance	Frequency	Criticality	OverallCV
T117	Apply moxibustion to enhance the effects of treatment.	2.34	1.93	2.08	11.99
T118	Perform electroacupuncture by electrically stimulating selected points to enhance effectiveness of treatment.	2.19	1.94	1.99	11.84
T119	Perform cupping technique by placing instrument over area to increase effectiveness of treatment.	2.17	1.92	1.99	11.83
T120	Perform Manaka technique by choosing extra points based on abdominal reflexology to address tender areas. <i>Below Cutoff Value</i>	.96	.65	.85	3.20
T121	Perform Oriental soft tissue techniques by manipulating affected areas to activate functional changes.	1.68	1.48	1.48	8.30
T122	Recommend adjunctive therapies patient can implement to support treatment.	2.26	2.14	1.93	12.39

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)					
<i>Performing Auxiliary Treatment (Continued)</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T123	Recommend lifestyle changes patient can implement to restore or maintain health.	2.67	2.57	2.38	18.34
T124	Recommend dietary changes by identifying specific foods to add/omit to support treatment.	2.69	2.58	2.35	18.11
III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)					
<i>Implementing Microsystems in Treatment</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T125	Select scalp points by identifying clinical indications to treat patient condition.	1.80	1.48	1.74	7.96
T126	Select auricular points by identifying clinical indications to treat patient condition.	2.22	2.15	1.82	11.53
T127	Select hand points by identifying clinical indications to treat patient condition. <i>Below Cutoff Value</i>	1.36	1.09	1.29	5.36
<i>Treatment Observation and Modification</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T128	Monitor patient's reactions to treatment by evaluating changes in vital signs to identify indications of distress.	2.49	2.25	2.37	16.14
T129	Reevaluate patient condition by examining changes in symptomatology to determine adjustments to treatment plan.	2.78	2.72	2.52	20.35
<i>Acupuncture Treatment Contraindications</i>					
	Task	Importance	Frequency	Criticality	OverallCV
T130	Identify conditions contraindicated for needling by evaluating condition and constitution to avoid injury.	2.80	2.60	2.78	21.69
T131	Identify conditions contraindicated for electroacupuncture to determine alternate treatment strategy.	2.63	2.27	2.65	18.33
T132	Identify conditions contraindicated for cupping to avoid deleterious treatment effects.	2.49	2.10	2.54	16.17
T133	Identify conditions contraindicated for moxibustion by evaluating condition and constitution to avoid injury.	2.57	2.18	2.55	17.06

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

Acupuncture Treatment Contraindications (Continued)

	Task	Importance	Frequency	Criticality	OverallCV
T134	Identify conditions contraindicated for Oriental soft tissue techniques to avoid deleterious treatment effects.	2.03	1.70	2.08	12.08
T135	Identify conditions contraindicated for adjunctive therapies to determine alternate treatment strategy.	2.21	1.94	2.18	13.58
T136	Identify conditions contraindicated for dietary therapy to avoid deleterious treatment effects.	2.36	2.08	2.23	14.17

IV. PRESCRIBING HERBAL MEDICINALS

Identification of Herbs

	Task	Importance	Frequency	Criticality	OverallCV
T137	Identify characteristics of herbs and formulas by evaluating attributes to determine therapeutic effect.	2.75	2.57	2.66	20.55
T138	Distinguish between herbs and formulas from same classification by identifying unique features to differentiate effectiveness for condition.	2.67	2.46	2.50	18.56
T139	Determine herbal composition of formulas by identifying chief and deputy herbs to provide hierarchy of ingredients.	2.39	2.18	2.25	15.18
T140	Identify complementary herb qualities and point functions to provide integrated treatment.	2.40	2.22	2.22	15.23
T141	Identify similarities between herbal prescriptions and Western medications by evaluating therapeutic properties to augment patient treatment.	2.26	1.97	2.24	13.41
T142	Identify contraindications for herbs and formulas by assessing a patient's constitution and situation.	2.77	2.59	2.72	21.14

IV. PRESCRIBING HERBAL MEDICINALS (CONTINUED)

Prescribing and Administering Herbs

	Task	Importance	Frequency	Criticality	OverallCV
T143	Prescribe herbs and formulas by matching clinical indications with patient condition to treat pathology.	2.78	2.60	2.68	20.87
T144	Identify dosage of herbal prescriptions by evaluating condition and constitution.	2.75	2.60	2.69	20.88
T145	Evaluate patient response by assessing for changes to determine herbal treatment modifications.	2.78	2.60	2.68	20.86
T146	Monitor effects of herbs when combined with Western medications to determine potential side effects.	2.58	2.27	2.57	17.77
T147	Assemble herbal formulas by combining proportions of effective dosages of herbs.	2.49	2.25	2.48	16.95
T148	Combine herbs and formulas to address complex patterns.	2.56	2.26	2.46	16.84
T149	Modify herbal prescription by evaluating changes in patient symptoms to address changing condition.	2.64	2.37	2.50	17.85
T150	Modify herbal prescription by identifying secondary or underlying symptoms to address additional conditions.	2.52	2.24	2.37	16.08
T151	Advise patient on herbal preparations by providing instructions to produce intended therapeutic effect.	2.74	2.59	2.55	20.02

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY

Practice Requirements

	Task	Importance	Frequency	Criticality	OverallCV
T152	Maintain patient records by recording treatments given and progress made to track therapeutic progression.	2.85	2.80	2.55	21.28
T153	Advertise services by adhering to legal guidelines for disseminating information regarding treatment provided.	2.33	1.97	2.24	13.72
T154	Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.	2.69	2.61	2.55	20.16

Patient Protection

	Task	Importance	Frequency	Criticality	OverallCV
T155	Maintain client's confidentiality by securing treatment records to protect client's right to privacy.	2.87	2.86	2.66	22.63
T156	Report known or suspected abuse by contacting protective services to comply with mandated reporting requirements.	2.25	1.13	2.50	8.83
T157	Obtain informed consent by providing information regarding treatment benefits, risks, and side effects.	2.60	2.46	2.47	19.07
T158	Obtain patient's written consent to disclose treatment information to protect right to privacy.	2.58	2.11	2.52	16.43
T159	Respond to legal mandates for treatment information by releasing patient records to comply with court order.	2.35	1.41	2.38	10.54
T160	Implement clean needle technique by following guidelines to prevent the spread of pathogens.	2.90	2.88	2.83	24.37
T161	Implement universal precautions by following guidelines during treatment to prevent cross contamination.	2.87	2.87	2.84	24.26

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY (CONTINUED)*Patient Protection (Continued)*

	Task	Importance	Frequency	Criticality	OverallCV
T162	Dispose of needles and supplies by placing in required container to prevent accidental punctures.	2.92	2.91	2.87	25.12
T163	Dispose of contaminated material containers by adhering to OSHA requirements for disposal.	2.91	2.84	2.86	24.38

APPENDIX D – CRITICALITY INDICES FOR KNOWLEDGE
STATEMENTS

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I. PATIENT ASSESSMENT				
<i>Obtaining Patient History</i>				
	Knowledge	Usage	Criticality	Overall CV
K1	Knowledge of the categories of common chief complaints.	1.89	2.78	5.33
K2	Knowledge of the effect of medical history on current health status.	1.87	2.72	5.18
K3	Knowledge of the impact of genetics and heredity on symptom development.	1.54	2.18	3.65
K4	Knowledge of the clinical indications of pathology resulting from emotions.	1.84	2.54	4.81
K5	Knowledge of the patterns of sleep associated with pathology.	1.81	2.34	4.39
K6	Knowledge of exogenous factors that lead to pathology.	1.79	2.46	4.55
K7	Knowledge of the impact of improper diet on the development of pathology.	1.84	2.53	4.78
K8	Knowledge of methods for dietary evaluation.	1.62	2.26	3.88
K9	Knowledge of the effects of overstrain and stress on the development of pathological conditions.	1.87	2.61	4.99
K10	Knowledge of methods for assessing areas of the epigastrium and abdomen.	1.53	2.22	3.65
K11	Knowledge of clinical indications of pathology in the Middle Jiao.	1.58	2.19	3.76
K12	Knowledge of characteristics of appetite associated with pathology.	1.72	2.26	4.04
K13	Knowledge of the relationship between eating patterns and digestive disharmony.	1.78	2.41	4.44
K14	Knowledge of the association between tastes in the mouth and pathology.	1.48	1.90	3.11
K15	Knowledge of the association between flavors, temperatures, and imbalances.	1.59	1.97	3.43

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Obtaining Patient History (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K16	Knowledge of the association between characteristics of thirst and patterns of disharmony.	1.73	2.24	4.06
K17	Knowledge of the clinical manifestations of pathology associated with menstruation characteristics.	1.86	2.71	5.13
K18	Knowledge of the association between characteristics of pregnancy and childbirth and symptom development.	1.64	2.44	4.23
K19	Knowledge of pre- and postmenopausal symptomatology.	1.81	2.62	4.88
K20	Knowledge of the anatomy, physiology, and function of the urinary system.	1.73	2.41	4.35
K21	Knowledge of symptoms of urogenital pathology.	1.67	2.39	4.16
K22	Knowledge of urine characteristics indicative of pathology.	1.68	2.35	4.15
K23	Knowledge of stool characteristics associated with imbalance.	1.83	2.52	4.71
K24	Knowledge of pathologies associated with patterns of bowel elimination.	1.80	2.53	4.72
K25	Knowledge of the association between fever and/or chills and pathogenic influences.	1.82	2.53	4.73
K26	Knowledge of patterns of perspiration associated with interior and exterior patterns.	1.79	2.39	4.42
K27	Knowledge of ocular anatomy and structures. <i>Below Cutoff Value</i>	1.25	1.80	2.55
K28	Knowledge of ocular symptomatology and pathology.	1.32	1.94	2.86
K29	Knowledge of the anatomical structures of the external, middle, and inner ear. <i>Below Cutoff Value</i>	1.27	1.75	2.51

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Obtaining Patient History (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K30	Knowledge of auricular symptomatology and pathology.	1.40	1.93	3.00
K31	Knowledge of clinical manifestations of pain resulting from pathological influences.	1.84	2.61	4.93
<i>Performing a Physical Examination</i>				
	Knowledge	Usage	Criticality	Overall CV
K32	Knowledge of the anatomical movement of Qi in promoting vitality.	1.74	2.41	4.40
K33	Knowledge of the origins of Shen.	1.62	2.15	3.72
K34	Knowledge of the clinical manifestations of impaired Shen.	1.75	2.34	4.26
K35	Knowledge of the association between the appearance of the face and imbalances.	1.61	2.10	3.61
K36	Knowledge of the properties associated with the Five Elements.	1.62	2.13	3.74
K37	Knowledge of the laws of movement that govern the Five Elements.	1.55	2.07	3.56
K38	Knowledge of the interrelationship between the Organs and the Five Elements.	1.71	2.29	4.19
K39	Knowledge of the nature of relationships among the Five Elements that lead to pathology.	1.70	2.24	4.09
K40	Knowledge of the relationship between voice characteristics and patterns of disharmony.	1.51	1.82	3.05
K41	Knowledge of the association between body odors and nature of disease. <i>Below Cutoff Value</i>	1.35	1.71	2.63
K42	Knowledge of the association between clinical manifestations of phlegm and the area of body affected.	1.75	2.34	4.24
K43	Knowledge of the clinical indications of impaired pulmonary function.	1.66	2.42	4.22

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Performing a Physical Examination (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K44	Knowledge of cutaneous symptomatology that indicate channel pathology.	1.45	2.03	3.29
K45	Knowledge of the association between characteristics of the skin and pathological conditions.	1.50	2.08	3.37
K46	Knowledge of the anatomy and physiology of the musculoskeletal system.	1.80	2.56	4.76
K47	Knowledge of methods of assessing musculoskeletal function and integrity.	1.66	2.43	4.24
K48	Knowledge of the mechanisms of disease associated with the musculoskeletal system.	1.68	2.41	4.23
K49	Knowledge of methods for assessing the baseline and changes in the integrity of joint movements.	1.56	2.25	3.81
K50	Knowledge of pathogenic factors that affect the synovial membrane and articular cartilage.	1.31	1.93	2.89
K51	Knowledge of the effect of inflammation, degeneration, or articular disruption on the degree of joint mobility.	1.62	2.31	3.92
K52	Knowledge of the role of the central nervous system in regulating voluntary movements.	1.59	2.31	3.91
K53	Knowledge of clinical indications of neuromuscular system dysfunction.	1.57	2.32	3.88
K54	Knowledge of acquired or congenital conditions that impair body alignment or mobility.	1.51	2.20	3.54
K55	Knowledge of the relationship between changes in the tongue coating and pathological changes in the body.	1.91	2.63	5.09
K56	Knowledge of tongue topography correspondence with internal Organs.	1.88	2.61	5.01
K57	Knowledge of methods of detecting pathological conditions associated with variations of tongue body.	1.84	2.56	4.82

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Performing a Physical Examination (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K58	Knowledge of the areas and levels for obtaining pulse information.	1.89	2.57	4.93
K59	Knowledge of the association between pulse characteristics and pathology.	1.85	2.57	4.83
K60	Knowledge of methods for integrating tongue and pulse characteristics to discern diagnostic information.	1.87	2.62	5.02
K61	Knowledge of methods for discerning patterns based on nature and quality of pain.	1.88	2.64	5.05
K62	Knowledge of the interconnection of Organs and tissues.	1.72	2.38	4.31
K63	Knowledge of methods for determining channel imbalance according to Akabane. <i>Below Cutoff Value</i>	.66	1.00	1.27
K64	Knowledge of the relationship between areas of the ear and corresponding body structures and systems.	1.57	1.92	3.38
K65	Knowledge of the association between appearance of the ear and indications of pathology. <i>Below Cutoff Value</i>	1.33	1.71	2.67
K66	Knowledge of the anatomical correspondences between areas of the palm and internal Organs. <i>Below Cutoff Value</i>	.76	1.15	1.37
K67	Knowledge of the anatomical correspondences between areas of the foot and internal Organs. <i>Below Cutoff Value</i>	.87	1.18	1.49
<i>Evaluating for Western Pharmacology</i>				
	Knowledge	Usage	Criticality	Overall CV
K68	Knowledge of Western medication nomenclature.	1.50	2.16	3.56
K69	Knowledge of the classification of commonly prescribed Western medications.	1.47	2.16	3.50
K70	Knowledge of the pharmacological effect of commonly prescribed Western medications.	1.46	2.21	3.49

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Evaluating for Western Pharmacology (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K71	Knowledge of the mechanisms of actions of commonly prescribed Western medications.	1.37	2.16	3.25
K72	Knowledge of the potential for idiosyncratic or allergic reactions to medications.	1.41	2.31	3.50
K73	Knowledge of common and uncommon side effects of commonly-prescribed medications.	1.42	2.30	3.48
<i>Implementing Diagnostic Testing</i>				
	Knowledge	Usage	Criticality	Overall CV
K74	Knowledge of laboratory panels used for diagnostic purposes.	1.38	2.09	3.25
K75	Knowledge of the clinical significance of laboratory test results in detecting pathology.	1.45	2.21	3.48
K76	Knowledge of clinical situations requiring nuclear medicine tests to obtain diagnostic information. <i>Below Cutoff Value</i>	.98	1.70	2.19
K77	Knowledge of the clinical significance of X-ray, ultrasound, or computed tomography (CT) results in detecting organ or tissue pathology.	1.35	2.09	3.19
K78	Knowledge of clinical situations requiring electroencephalogram (EEG) or electrocardiograph (EKG) testing. <i>Below Cutoff Value</i>	1.21	1.96	2.80
K79	Knowledge of the clinical significance of electroencephalogram (EEG) and electrocardiograph (EKG) results in detecting pathology. <i>Below Cutoff Value</i>	1.17	1.89	2.60
K80	Knowledge of vital sign values consistent with identified normal and abnormal ranges.	1.61	2.44	4.20
K81	Knowledge of clinical manifestations of vital sign values that indicate life-threatening conditions.	1.69	2.64	4.63
K82	Knowledge of the anatomical location and function of the cardiopulmonary system.	1.69	2.50	4.43

I. PATIENT ASSESSMENT (CONTINUED)				
<i>Implementing Diagnostic Testing (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K83	Knowledge of clinical indications of cardiopulmonary dysfunction.	1.63	2.51	4.31
K84	Knowledge of the anatomical location and function of organs within the abdominal region.	1.77	2.57	4.67
K85	Knowledge of clinical indications of gastrointestinal disturbance.	1.74	2.50	4.49
K86	Knowledge of clinical indications of pathology associated with abnormal abdominal physiological tenderness, pressure, or pain.	1.75	2.56	4.61
K87	Knowledge of the relationship between cerebellar function and muscular activity.	1.34	2.09	3.11
K88	Knowledge of sensory responses to stimuli tests that indicate neurological dysfunction.	1.27	1.96	2.87
K89	Knowledge of the effect of central nervous system damage on the alignment and mobility of the body.	1.44	2.19	3.47
K90	Knowledge of methods for assessing reflex reactions that indicate integrity of the sensory and motor pathways.	1.31	2.05	3.03
K91	Knowledge of the physiological pathways and functioning of the cranial nervous system.	1.29	2.03	2.95
K92	Knowledge of the clinical indications of cranial nerve dysfunction.	1.33	2.08	3.11
II. DEVELOPING A DIAGNOSTIC IMPRESSION				
<i>Forming a Diagnostic Impression</i>				
	Knowledge	Usage	Criticality	Overall CV
K93	Knowledge of the impact of the relationship between the Organs and channels in disease progression and transformation.	1.77	2.51	4.61
K94	Knowledge of the principles of relationships, patterns, and changes of Yin and Yang aspects.	1.86	2.66	5.08
K95	Knowledge of the relationship between Yin and Yang Organs and vital substances.	1.85	2.62	4.97

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)

<i>Forming a Diagnostic Impression (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K96	Knowledge of the internal and external causes of disease.	1.90	2.72	5.25
K97	Knowledge of the antipathogenic and pathogenic factors associated with conditions.	1.77	2.52	4.65
K98	Knowledge of the etiologies and manifestations associated with conditions.	1.80	2.57	4.79
K99	Knowledge of the physiological processes associated with disease progression.	1.77	2.49	4.57
K100	Knowledge of how disease progresses from superficial to deep levels of penetration.	1.75	2.53	4.59
K101	Knowledge of clinical manifestations associated with disease of the channels.	1.70	2.46	4.41
K102	Knowledge of the anatomical distribution of muscles, tendons, and ligaments with bones, joints, and internal Organs.	1.77	2.53	4.62
K103	Knowledge of the distribution, functions, and clinical significance of the channels.	1.81	2.60	4.85
K104	Knowledge of the connection between the etiology of diseases and clinical manifestations.	1.82	2.61	4.88
K105	Knowledge of principles for treating root versus branch symptoms.	1.65	2.29	4.11
K106	Knowledge of methods for prioritizing symptoms according to acuteness or seriousness.	1.84	2.68	5.09
K107	Knowledge of the types of acute pernicious influences.	1.66	2.35	4.15
K108	Knowledge of methods of integrating assessment information in developing a differential diagnosis.	1.81	2.62	4.90

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)

<i>Differentiation of Syndromes</i>				
	Knowledge	Usage	Criticality	Overall CV
K109	Knowledge of the clinical manifestations of Element imbalance.	1.62	2.20	3.89
K110	Knowledge of the physiological relationship between the Zangfu Organs and the channels.	1.84	2.54	4.82
K111	Knowledge of the physical functions associated with the Organs in traditional Oriental medicine.	1.90	2.64	5.11
K112	Knowledge of the signs and symptoms associated with pathology of the Organs.	1.89	2.70	5.22
K113	Knowledge of methods for identifying simultaneous Organ disharmonies.	1.84	2.61	4.94
K114	Knowledge of the signs and symptoms associated with Interior and Exterior patterns.	1.85	2.65	5.04
K115	Knowledge of methods for differentiating patterns of Hot and Cold conditions.	1.90	2.70	5.24
K116	Knowledge of methods for differentiating Empty and Full patterns.	1.87	2.66	5.11
K117	Knowledge of methods for differentiating Yin and Yang patterns of disharmony.	1.89	2.68	5.18
K118	Knowledge of the functions associated with the forms of Qi.	1.82	2.52	4.72
K119	Knowledge of the characteristics and functions associated with Blood.	1.87	2.63	5.03
K120	Knowledge of the disharmonies associated with Qi and Blood.	1.87	2.63	5.07
K121	Knowledge of patterns of disharmony associated with the Six Stages.	1.47	2.11	3.41
K122	Knowledge of the clinical manifestations of disease at the Four Levels.	1.50	2.13	3.49

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)				
<i>Differentiation of Syndromes (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K123	Knowledge of the clinical manifestations of disease at the San Jiao.	1.41	1.96	3.07
K124	Knowledge of the pathogenic factors which result in disharmonies of Jing Ye.	1.39	1.92	3.05
K125	Knowledge of the clinical indications associated with disharmonies of Jing Ye.	1.40	1.94	3.11
<i>Biomedical Disease</i>				
	Knowledge	Usage	Criticality	Overall CV
K126	Knowledge of the physiology, function, and anatomical location of organs and tissues.	1.82	2.60	4.87
K127	Knowledge of the function of physiological systems.	1.78	2.56	4.71
K128	Knowledge of the basic chemistry elements and compounds of the human body.	1.39	1.91	3.02
K129	Knowledge of the composition and formed elements of blood.	1.45	1.94	3.22
K130	Knowledge of the interrelationship between Western disease processes and traditional Oriental medicine syndromes.	1.73	2.38	4.30
K131	Knowledge of methods for relating and differentiating disease processes in Western and Oriental medicine.	1.70	2.34	4.20
K132	Knowledge of laws regulating practice techniques for Oriental medical science.	1.80	2.56	4.78
K133	Knowledge of clinical indications of Western pathology.	1.60	2.23	3.82
K134	Knowledge of Western medical terminology.	1.71	2.35	4.22
K135	Knowledge of requirements for writing medical reports.	1.55	2.26	3.73
K136	Knowledge of Western medical diagnostic codes.	1.50	2.03	3.47
K137	Knowledge of medical protocol for referring patients.	1.55	2.27	3.80

II. DEVELOPING A DIAGNOSTIC IMPRESSION (CONTINUED)				
<i>Emergency Procedures</i>				
	Knowledge	Usage	Criticality	Overall CV
K138	Knowledge of clinical indications of emergency conditions.	1.71	2.77	4.83
K139	Knowledge of symptoms that indicate anaphylactic shock.	1.56	2.69	4.32
K140	Knowledge of methods for administering cardiopulmonary resuscitation.	1.58	2.69	4.34
K141	Knowledge of methods for providing first aid treatment.	1.65	2.67	4.51
<i>Oriental Treatment Planning</i>				
	Knowledge	Usage	Criticality	Overall CV
K142	Knowledge of methods for determining treatment principle based on patterns of disharmony.	1.89	2.67	5.15
K143	Knowledge of effectiveness of combining treatment strategies in developing a treatment plan.	1.92	2.69	5.23
III. PROVIDING ACUPUNCTURE TREATMENT				
<i>Point Selection Principles</i>				
	Knowledge	Usage	Criticality	Overall CV
K144	Knowledge of the function and clinical indications of points.	1.94	2.76	5.40
K145	Knowledge of the classification and nomenclature of acupuncture points.	1.82	2.44	4.60
K146	Knowledge of the association between points and internal Organs and channels.	1.92	2.71	5.26
K147	Knowledge of the synergistic effects of needling points according the principles of opposites.	1.65	2.30	4.07
K148	Knowledge of methods for combining distal and proximal points in the treatment of imbalance.	1.82	2.51	4.69
K149	Knowledge of the therapeutic effects of using local points in acupuncture treatment.	1.87	2.53	4.84
K150	Knowledge of the therapeutic effect of using adjacent points in treatment.	1.70	2.24	4.03

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Point Selection Principles (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K151	Knowledge of principles for combining points from different channels.	1.84	2.48	4.67
K152	Knowledge of the therapeutic effects of needling contralateral points.	1.76	2.34	4.31
K153	Knowledge of methods for combining points above and below the waist to treat disease.	1.72	2.27	4.17
K154	Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	1.77	2.28	4.26
K155	Knowledge of the effect of unbalanced point prescription methods for obtaining therapeutic results.	1.42	1.96	3.36
K156	Knowledge of the effect of using points on the front and back to regulate internal Organs.	1.75	2.36	4.32
K157	Knowledge of treatment strategies that use centrally located points which relate to the extremities.	1.51	2.00	3.41
K158	Knowledge of treatment strategies that use points in the extremities which relate to the center.	1.73	2.33	4.29
K159	Knowledge of the relationship between reactive Ashi points and point selection.	1.86	2.51	4.80
K160	Knowledge of the interaction between the Cutaneous regions and the twelve regular meridians.	1.38	1.92	3.05
<i>Point Categories in Acupuncture Treatment</i>				
	Knowledge	Usage	Criticality	Overall CV
K161	Knowledge of the effect of using Front-Mu points in treatment.	1.74	2.38	4.36
K162	Knowledge of the effect of using Back-Shu points in treatment.	1.85	2.58	4.93
K163	Knowledge of methods for combining Front-Mu and Back-Shu points to balance treatment.	1.73	2.37	4.36

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Point Categories in Acupuncture Treatment (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K164	Knowledge of treatment principles for using Lower He-Sea points.	1.64	2.19	3.88
K165	Knowledge of techniques for combining points according to channel dynamics.	1.65	2.24	4.02
K166	Knowledge of the efficacy of using particular points during progressive phases of treatment.	1.59	2.23	3.84
K167	Knowledge of the channel dynamics of the Five Shu (Five Transporting) points.	1.61	2.23	3.91
K168	Knowledge of the effect of using Confluent points of the Eight Extra channels.	1.70	2.30	4.19
K169	Knowledge of effect of using Extra points in treatment.	1.77	2.34	4.34
K170	Knowledge of treatment strategies for using Intersecting/Crossing points of the channel.	1.57	2.08	3.49
K171	Knowledge of the effect of using Lou-Connecting points in treatment.	1.64	2.21	3.86
K172	Knowledge of the relationships between the Lou-Connecting points and the Twelve Primary channels.	1.62	2.16	3.77
K173	Knowledge of how Qi is dispersed to the Zang-Fu Organs via the Yuan-Source points.	1.70	2.28	4.10
K174	Knowledge of the effect of using Yuan-Source points in providing treatment.	1.75	2.32	4.26
K175	Knowledge of treatment strategies for using Xi-Cleft points in treatment.	1.67	2.25	3.98
K176	Knowledge of the effect of using Influential points in treatment.	1.67	2.23	3.97

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Point Categories in Acupuncture Treatment (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K177	Knowledge of the effectiveness of Window of the Sky and Ghost Points in treating pathology. <i>Below Cutoff Value</i>	1.15	1.55	2.34
K178	Knowledge of treatment strategies for using the Four Seas points. <i>Below Cutoff Value</i>	1.28	1.75	2.72
K179	Knowledge of the effect of using Mother/Son points in treatment.	1.42	1.94	3.14
<i>Point Location and Needling Techniques</i>				
	Knowledge	Usage	Criticality	Overall CV
K180	Knowledge of the physical landmarks and gross unit proportions used in point location.	1.90	2.70	5.25
K181	Knowledge of the anatomical locations of points.	1.92	2.79	5.40
K182	Knowledge of intermittent and continuous needle manipulations.	1.74	2.33	4.31
K183	Knowledge of the needle retention methods for pathological conditions.	1.81	2.42	4.53
K184	Knowledge of the impact of patient constitution and condition on duration of needle retention.	1.86	2.57	4.91
K185	Knowledge of patient positions for locating acupuncture points.	1.91	2.67	5.16
K186	Knowledge of the needling depths recommended for treating diseases.	1.83	2.57	4.88

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Performing Auxiliary Treatment</i>				
	Knowledge	Usage	Criticality	Overall CV
K187	Knowledge of precautions for needling over vital organs and blood vessels.	1.92	2.82	5.46
K188	Knowledge of the association between stimulation techniques and treatment principles.	1.85	2.48	4.68
K189	Knowledge of the clinical indications for using moxibustion.	1.82	2.53	4.72
K190	Knowledge of techniques for using moxibustion in treating disharmonies.	1.80	2.41	4.45
K191	Knowledge of the clinical indications for using electroacupuncture.	1.76	2.45	4.50
K192	Knowledge of principles for adjusting electrical stimulation intensity according to disorder in electroacupuncture.	1.60	2.35	4.02
K193	Knowledge of the clinical indications for using cupping.	1.73	2.31	4.19
K194	Knowledge of the methods of cupping manipulation.	1.72	2.29	4.14
K195	Knowledge of technique for performing Manaka. <i>Below Cutoff Value</i>	.48	.86	.93
K196	Knowledge of techniques for manipulating affected areas with Oriental Soft tissue techniques. <i>Below Cutoff Value</i>	1.28	1.73	2.79
K197	Knowledge of the clinical indications for applying Oriental soft tissue techniques. <i>Below Cutoff Value</i>	1.28	1.75	2.83
K198	Knowledge of therapeutic functions of adjunctive therapies.	1.55	2.05	3.58
K199	Knowledge of impact of stress reduction in maintenance of health.	1.84	2.52	4.74

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)				
<i>Performing Auxiliary Treatment (Continued)</i>				
	Knowledge	Usage	Criticality	Overall CV
K200	Knowledge of dietary qualities and sources of nutrition.	1.85	2.49	4.70
K201	Knowledge of the function of fluids and electrolyte balances in the body.	1.58	2.20	3.79
K202	Knowledge of the interrelationship between body composition and nutritional needs.	1.65	2.31	3.98
K203	Knowledge of the effect of illness on food acceptance and utilization.	1.67	2.30	4.01
K204	Knowledge of the effects of food, nutrient, and drug interactions.	1.63	2.43	4.13
K205	Knowledge of therapeutic diets for specific disease patterns.	1.72	2.44	4.32
<i>Implementing Microsystems in Treatment</i>				
	Knowledge	Usage	Criticality	Overall CV
K206	Knowledge of the lines of measurement that run through the scalp region.	1.33	1.88	2.87
K207	Knowledge of the location of stimulation sites corresponding to areas on the cerebral cortex for treating disease. <i>Below Cutoff Value</i>	1.21	1.82	2.58
K208	Knowledge of the function and clinical indications for scalp points.	1.38	1.93	3.00
K209	Knowledge of the functions and clinical indications of ear points.	1.74	2.25	4.12
K210	Knowledge of methods for selecting ear points according to anatomical location of disease.	1.72	2.27	4.12
K211	Knowledge of the correspondence between areas of the hand and internal Organs.	.94	1.32	1.76
K212	Knowledge of the function and indications for hand points.	.89	1.27	1.67

III. PROVIDING ACUPUNCTURE TREATMENT (CONTINUED)

<i>Treatment Observation and Modification</i>				
	Knowledge	Usage	Criticality	Overall CV
K213	Knowledge of physical manifestations of patient distress.	1.77	2.48	4.58
K214	Knowledge of techniques for managing patient distress.	1.77	2.53	4.66
K215	Knowledge of alternate point prescriptions and treatment rotation methods.	1.68	2.34	4.26
<i>Acupuncture Treatment Contraindications</i>				
	Knowledge	Usage	Criticality	Overall CV
K216	Knowledge of association between conditions and contraindicated points for needling.	1.86	2.71	5.18
K217	Knowledge of anatomical locations or areas contraindicated for needling.	1.92	2.80	5.44
K218	Knowledge of points and conditions that should be needled with caution.	1.92	2.85	5.49
K219	Knowledge of conditions contraindicated for use of electroacupuncture.	1.79	2.72	5.00
K220	Knowledge of conditions contraindicated for use of cupping.	1.75	2.65	4.84
K221	Knowledge of conditions contraindicated for use of moxibustion.	1.80	2.73	5.02
K222	Knowledge of the anatomical locations or areas contraindicated for use of moxibustion.	1.80	2.70	4.99
K223	Knowledge of conditions contraindicated for use of Oriental soft tissue techniques.	1.35	2.16	3.46
K224	Knowledge of the adverse consequences of adjunctive therapies for identified conditions.	1.49	2.18	3.74
K225	Knowledge of the adverse consequences of dietary therapies for identified conditions.	1.62	2.31	3.98

IV. PRESCRIBING HERBAL MEDICINALS				
<i>Identification of Herbs</i>				
	Knowledge	Usage	Criticality	Overall CV
K226	Knowledge of the medicinal effects of herbs and formulas for treating pathology.	1.86	2.72	5.17
K227	Knowledge of the qualities and properties of herbs and formulas.	1.84	2.66	5.02
K228	Knowledge of the pharmacological effect of herbs and formulas.	1.76	2.56	4.64
K229	Knowledge of the classification of herbs and formulas according to therapeutic properties.	1.84	2.63	4.98
K230	Knowledge of the channel attribution of herbs and formulas.	1.64	2.23	3.90
K231	Knowledge of the function of herbal constituents in guiding formula to channel or Organ.	1.68	2.35	4.18
K232	Knowledge of the association between principle formulas and variation or associated formulas.	1.69	2.41	4.28
K233	Knowledge of the synergistic and antagonist relationship of ingredients in herbal formulas.	1.68	2.45	4.33
K234	Knowledge of the hierarchical principles governing herbal medicine ingredients.	1.61	2.31	3.98
K235	Knowledge of the association between therapeutic actions of points and herbal medicinals.	1.62	2.25	3.96
K236	Knowledge of potential interaction effects of herbal and Western medications.	1.60	2.55	4.26
K237	Knowledge of the association between actions of Western pharmaceuticals and herbal medicinals.	1.52	2.51	4.01
K238	Knowledge of cautions and contraindications associated with the prescription of herbs and formulas.	1.79	2.77	5.07
K239	Knowledge of the antagonistic or incompatible effect of diet on medicinal herbs.	1.63	2.51	4.31

IV. PRESCRIBING HERBAL MEDICINALS (CONTINUED)				
<i>Prescribing and Administering Herbs</i>				
	Knowledge	Usage	Criticality	Overall CV
K240	Knowledge of the clinical indications for prescribing herbs and formulas.	1.88	2.72	5.20
K241	Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and formulas.	1.86	2.68	5.07
K242	Knowledge of standards for determining dosage of herbs and formulas.	1.82	2.64	4.91
K243	Knowledge of weights and measurements applied to herbal prescriptions.	1.67	2.40	4.29
K244	Knowledge of the compositional qualities of herb formula ingredients.	1.74	2.47	4.48
K245	Knowledge of the relationship between herbal formulas and treatment principles.	1.86	2.71	5.15
K246	Knowledge of strategies for combining constituent herb ingredients to form an herbal formula.	1.71	2.53	4.51
K247	Knowledge of combinations of herbs that are toxic or produce undesired side-effects.	1.74	2.79	4.97
K248	Knowledge of methods for modifying herbal formulas to treat changes in a patient's condition.	1.76	2.65	4.82
K249	Knowledge of the actions of assistant and envoy herbs in herbal formulas.	1.60	2.29	3.91
K250	Knowledge of the effects of modifying the dosage of ingredients in herbal formulas.	1.72	2.52	4.55
K251	Knowledge of the effect of processing herbs on increasing effectiveness or reducing side-effects.	1.67	2.48	4.41
K252	Knowledge of methods for preparing and administering herbs and formulas.	1.76	2.60	4.76

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY				
<i>Practice Requirements</i>				
	Knowledge	Usage	Criticality	Overall CV
K253	Knowledge of legal requirements pertaining to the maintenance and retention of records.	1.84	2.66	5.00
K254	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications and services.	1.82	2.57	4.76
K255	Knowledge of laws which define scope of practice and professional competence for acupuncturists.	1.89	2.69	5.15
<i>Patient Protection</i>				
	Knowledge	Usage	Criticality	Overall CV
K256	Knowledge of the legal requirements for protecting patient confidentiality.	1.88	2.75	5.25
K257	Knowledge of the criteria for detecting potential child, elder, or dependent adult abuse situations.	1.67	2.65	4.58
K258	Knowledge of the legal requirement for reporting known or suspected abuse of children, elder, or dependent adults.	1.52	2.61	4.12
K259	Knowledge of legal requirements of written consent to disclose patient records or share patient information.	1.78	2.64	4.79
K260	Knowledge of conditions and requirements for disclosing confidential material to other individuals, agencies, or authorities.	1.74	2.64	4.68
K261	Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	1.78	2.72	4.96
K262	Knowledge of the sterilization procedures for treatment instruments and equipment.	1.74	2.70	4.85
K263	Knowledge of the procedures and standards for storage of equipment and needles after sterilization.	1.68	2.59	4.56
K264	Knowledge of guidelines for treating patients who are immunocompromised.	1.76	2.73	4.96
K265	Knowledge of guidelines for preventing cross contamination or spread of pathogens.	1.87	2.83	5.35

V. REGULATIONS FOR PUBLIC HEALTH AND SAFETY (CONTINUED)*Patient Protection*

	Knowledge	Usage	Criticality	Overall CV
K266	Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	1.87	2.85	5.36
K267	Knowledge of the impact of infectious diseases in practitioners on the health of clients.	1.89	2.82	5.39
K268	Knowledge of the methods for isolating used needles.	1.90	2.83	5.47
K269	Knowledge of OSHA requirements for disposal of contaminated materials.	1.86	2.82	5.37

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